

Criteria for
**CERTIFICATION
& RECERTIFICATION**

**For Ophthalmic
Medical Personnel**



The Essential Credential For Eye Care Professionals.



Certified OMP
increase practice

Productivity

Credibility

Reliability . . .

4 out of 5 physicians confirm that Certified OMP
increase practice productivity.

The tools for your TEAM's success:

Education

Training

Certification

**JCAHPO CONTINUING
EDUCATION PROGRAMS**

Register online at www.jcahpo.org

800.284.3937



Mission Statement

JCAHPO's mission is to enhance the quality and availability of ophthalmic patient care by promoting the value of qualified allied health personnel and by providing certification and education.

Dear Candidate,

Congratulations on your decision to get certified! We are excited to assist you with the first steps on the path to your career success.

When you become certified, you'll be part of an elite group of more than 17,000 certified ophthalmic assistants, technicians, technologists, surgical assistants, and sonographers all over the world. The Joint Commission on Allied Health Personnel in Ophthalmology's (JCAHPO's®) credentials are internationally recognized by physicians, employers, administrators, and patients. You will be recognized as a skilled, highly trained professional wherever you go.

Many ophthalmic professionals tell us that getting certified was one of the best and most important decisions they ever made.

Certification Benefits:

- Increases knowledge, skills, and overall productivity, providing a competitive edge and greater earning potential;
- Ensures job opportunities in virtually every job market;
- Increases self-confidence, self-esteem, and career satisfaction;
- Proves commitment to giving the best possible patient care.

Whether you work in a private clinic, hospital, university, or military setting, certification sets you apart from others as an educated and highly trained professional. Your credential will earn respect, not just in clinical situations, but also in the community at large.

Career success is one step closer. Earn the credit you deserve and invest in yourself. Fill out and mail in the exam application included with this booklet, and you're on your way.

Sincerely,

The JCAHPO Commissioners

JCAHPO® Certification**Your Mark of Distinction**

JCAHPO is acknowledged throughout ophthalmology as the source of professional certification for ophthalmic personnel. When you pass JCAHPO's rigorous certification exams, employers and peers recognize your accomplishment as solid proof of your knowledge and skills. The prestigious designations of COA® (Certified Ophthalmic Assistant), CCOA® (Corporate Certified Ophthalmic Assistant), COT® (Certified Ophthalmic Technician), COMT® (Certified Ophthalmic Medical Technologist), Ophthalmic Surgical Assistant, ROUB® (Registered Ophthalmic Ultrasound Biometrist), and CDOS® (Certified Diagnostic Ophthalmic Sonographer) are recognized for their excellence.

The Standard For Which Others Strive

In August 2005, the National Commission for Certifying Agencies (NCCA) renewed the accreditation of JCAHPO's certification programs for Certified Ophthalmic Assistants (COA), Corporate Certified Ophthalmic Assistant (CCOA), Certified Ophthalmic Technicians (COT), and Certified Ophthalmic Medical Technologists (COMT). The NCCA Standards were created to ensure that certification programs adhere to standards of practice for the certification industry. JCAHPO is one of only 93 organizations in the U.S. to earn NCCA accreditation. Application has not yet been made for NCCA accreditation of the Registered Ophthalmic Ultrasound Biometrist (ROUB) or the Certified Diagnostic Ophthalmic Sonographer (CDOS) certification. For additional information contact NCCA at (202) 367-1165 or www.noca.org/ncca/ncca.htm.

Criteria for Certification and Recertification

About This Handbook

The purpose of this handbook is to guide you through the certification process, from initial application to applying for recertification. Certification is a process that organizations use to recognize individuals who have met certain qualifications and demonstrated special knowledge and expertise. If you meet JCAHPO's eligibility criteria and pass the necessary examinations, you will become certified.

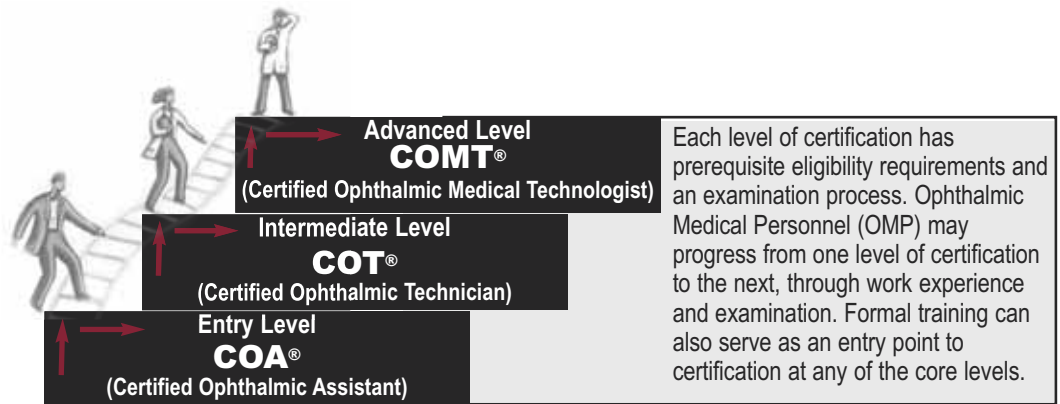
Information in this booklet may change between printings, please check the JCAHPO Web site, <http://www.jcahpo.org>, for the most current and up-to-date information.

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Levels of Certification

JCAHPO's three core levels of certification comprise a solid ladder for progressive career development.



Sub-Specialty Certification

Once certified at a core level, ophthalmic medical personnel may choose to become certified in an additional sub-specialty area.

■ **Ophthalmic Surgical Assisting**

Sub-specialty area of certification providing knowledge in procedures and instrumentation necessary to assist in ophthalmic surgical suites.

Additional Certifications

■ **CCOA® (Corporate Certified Ophthalmic Assistant)**

Certification gives corporate employees, of companies that supply products and services to the ophthalmic community, the ophthalmic background and technical knowledge for marketing credibility.

■ **ROUB® (Registered Ophthalmic Ultrasound Biometrist)**

Certification gives OMP, who perform A-scan biometry on the eye, a knowledge base in biometry and physics.

■ **CDOS® (Certified Diagnostic Ophthalmic Sonographer)**

Certification gives OMP, who perform diagnostic B-scan sonography on the eye, a knowledge base in the principles and instrumentation needed to perform eye exams using high frequency sound waves.

Scope of Ophthalmic Medical Personnel

As a member of the allied health profession, ophthalmic medical personnel (OMP) are part of a professional team of eye care providers. Certified OMP perform assigned procedures under the direction or supervision of a physician licensed to practice medicine and surgery, and qualified in ophthalmology.

Some of the most common tasks performed by OMP at all levels of certification include:

- Taking patient histories
- Administering tests and evaluations
- Providing patient services
- Maintaining instruments
- Taking eye measurements
- Performing a variety of clinical tasks

Ophthalmic allied health professionals possess skills and knowledge attained by didactic and clinical ophthalmic educational training. Their function is to assist the ophthalmologist by collecting data, administering treatment ordered by the ophthalmologist, and supervising patients. OMP are not independent practitioners and may not diagnose/treat eye disorders or prescribe medications. They can supply vital information to the physician who is treating patients, and may assist in areas such as surgery, patient instruction, and compliance.

JCAHPO certification and examination includes knowledge and performance of techniques in administration of eye drops, ointments, and irrigating solutions to the eye, and knowledge about oral medications and non-invasive techniques. It is not within the scope of JCAHPO certification and examination to evaluate the performance of any injection technique or similar invasive procedure when needles, trocars, cannulas, or instillation devices are placed within and beneath tissue surfaces.

While certification is an important indication of your knowledge and skill, please remember that JCAHPO does not warrant the job performance or express an opinion of the competence of individual certificants. We give you the tools to excel; the rest is up to you!

Overview of JCAHPO Certification Process

JCAHPO is a non-profit, non-governmental organization that provides certification to OMP and performs other educational and credential-related activities. JCAHPO is governed by a volunteer board of directors, composed of representatives from participating ophthalmic organizations, and a public member.

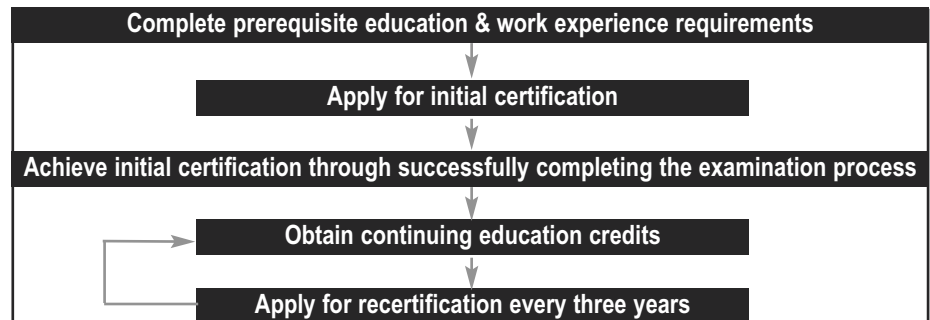
The Certification Committee, of the Board of Directors, governs JCAHPO certification. It provides the job-related insight necessary to ensure that the exams are relevant and valid, and monitors procedures to ensure that exams are administered fairly and under proper conditions.

JCAHPO has designed the certification process to serve important public needs as well as those of the ophthalmic assisting community by:

- setting specific and measurable standards for OMP knowledge and skills;
- formally recognizing OMP who have met those standards;
- providing official confirmation of certificants' qualifications to employers and the public.

Flowchart of JCAHPO Certification Process

The adjacent flowchart outlines the process for achieving and maintaining JCAHPO certification:



Statement of Nondiscrimination

The Joint Commission on Allied Health Personnel in Ophthalmology, Inc.[®] shall admit candidates without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status to all rights, privileges, programs, and examinations. It shall not discriminate on the basis of age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status in the administration of its certification and recertification policies.

Confidentiality Procedures

JCAHPO has established a number of policies and procedures to ensure the integrity of its examination procedures and protect candidate privacy:

- With candidate permission, JCAHPO may release exam results to the educational programs and/or the military, which the candidate graduated from to assist the educational program or aid in reimbursement of fees. Individual candidate results may be counted, without authorization, in aggregate data gathered for program evaluation and reporting purposes.
- Performance feedback reports providing data on exam performance will be released only to the candidate.
- All exam content and materials are strictly confidential and will not be released to anyone except those involved in the development and administration of the exam.
- Official exam results are sent via mail to candidates *only*, not by e-mail, FAX, or telephone.
- The names of individuals, who are newly certified, have advanced to a higher level of certification, or whose certifications have expired, may be published by JCAHPO or be provided to state ophthalmologic societies and regional societies without authorization.
- JCAHPO may provide verification of certification status without authorization.

Responsibility for Establishing Eligibility

JCAHPO certification is voluntary. Each candidate is responsible for assuring that eligibility requirements, procedures, and deadlines are met before applying for certification.

Eligibility for certification depends upon your full compliance with all of JCAHPO procedures and deadlines as outlined in JCAHPO Standards, Procedures and Sanctions Pertaining to Certification and Recertification. These requirements include: truthful completion of the application, notification of name or address changes, disclosure of any previous criminal convictions, alcohol or controlled substance abuse, and any previous disciplinary actions by another organization. See pages 43-46 for JCAHPO Standards, Procedures and Sanctions.

As required by NCCA Standards for the Accreditation of Certification Programs, JCAHPO holds all candidates for certification to the same criteria. Individuals who have questions about their eligibility should contact the Certification Department.

Special Consideration for Eligibility

The special consideration process is designed to serve applicants whose educational and/or employment background is different from the established eligibility criteria, but may be deemed equivalent. People who received ophthalmic training outside the United States or Canada may be among those qualifying for special consideration. Special consideration is not offered to candidates who have the opportunity to qualify under established criteria but have chosen not to do so.

If you do not meet JCAHPO's eligibility criteria for certification, but you believe that your education, training and/or experience are equivalent, you may request a special consideration application. Contact the JCAHPO Certification Department for information on the documentation required to support your request. Each request is examined on an individual basis. The review process may take eight weeks.

Requirements for Advancement to a Higher Certification Level

If you are already certified and wish to advance to a higher level, you must maintain your current certification requirements while completing the examination process. For example, if you are a COA, you must maintain your COA certification until you have successfully completed the COT multiple-choice examination and Skill Evaluation.

After achieving the higher-level certification, you may request a pro-rated refund of your current recertification fee. Submit your refund request in writing, to JCAHPO's Certification Department, within 60 days of achieving your new credential.

Contact Information

If you have questions about JCAHPO certification, please contact:

Certification Department
JCAHPO
2025 Woodlane Drive
St. Paul, MN 55125-2998
(800) 284-3937 or (651) 731-2944
www.jcahpo.org

Initial Application Requirements

Candidates interested in JCAHPO certification must complete the enclosed exam application. A completed application form, with all requested information and documentation, must be submitted with the examination fee.

Once submitted, the Certification Department will determine your eligibility based on the criteria published in this handbook. If you meet the eligibility criteria, you will receive an acceptance letter within two to four weeks. The letter will contain information on scheduling your exam.

COT and COMT candidates will receive a separate application for the performance-based examinations, after they have passed the multiple-choice portion.

Fees

To determine the correct fee to submit with your application, please check the enclosed fee schedule or www.jcahpo.org. All fees are subject to change and include a non-refundable charge for processing. Refund amounts, if any, vary depending on when JCAHPO receives examination or recertification cancellation requests.

JCAHPO will not redeposit a check returned for non-sufficient funds (NSF). Any amount due will need to be re-submitted with a certified check, money order or credit card authorization. A handling fee for returned checks or declined credit card transactions will be assessed. Please refer to the fee schedule on pages 41-42 for specific information on handling fees.

Sponsor's Endorsement

- COA, COT, COMT, and Surgical Assisting candidates need a sponsoring ophthalmologist signature. The sponsor may be either a current employer or other licensed ophthalmologist. The signature attests to your current competence in all content areas of the examination for which you are applying.
- CCOA candidates need a supervisor's signature on the application to attest that a company supplying ophthalmology products and/or services currently employs the applicant.
- ROUB and CDOS candidates may use either a sponsoring ophthalmologist or supervising physician's signature.

Incomplete Applications

JCAHPO will send a letter requesting any application information that is missing. *Please note:* If the requested information is not provided, the application will be denied and no refund will be issued. Your application must be complete before you can schedule your exam.

Please notify JCAHPO immediately of any name or address changes. Address changes may be made by phone, fax or e-mail. Name changes must be requested in writing, by either fax or mail with your signature. Include copies of any official documentation of your name change (for example, copy of marriage certificate or driver's license).

Name and address changes may affect your ability to test. To be admitted to a testing center, the information on two forms of identification and JCAHPO's confirmation letter must match exactly.

Special Testing Accommodations

In compliance with the Americans with Disabilities Act (ADA), JCAHPO will provide reasonable accommodations for persons with disabilities. If you believe that you require such accommodation, please contact JCAHPO to receive a special accommodations questionnaire. Return the completed questionnaire with your application, along with documentation of your disability-related needs from a qualified health care provider.

For military personnel who wish to take the exams on their base, JCAHPO will work with your educational testing center to administer the multiple-choice exams in paper-pencil format. The COT Skill Evaluation is administered as a computer-simulation.

Foreign Testing Sites

JCAHPO will consider requests to administer exams to groups of candidates outside of the U.S. and Canada, but we cannot guarantee that such testing will be available. Contact the Certification Department for more information on testing at foreign locations. An additional fee may be charged for international administration, and exam formats may differ.

Examination Content Areas

The content of JCAHPO’s multiple-choice exams is based on a job task analysis survey. Job incumbents and sponsoring ophthalmologists complete a survey, which identifies the tasks performed most often and of greatest importance. These tasks become the examination outline. This makes the content outline an excellent examination preparation tool.

Examination Specifications

The multiple-choice exam is a series of statements or questions followed by four possible answers. One answer is the single-best response; the others are distractors. While some distractors may be partly correct, there is only one BEST answer. The number of questions and the time allowed to take the exam vary according to the level of examination.

- All examinations are delivered in English
- Add ½ hour to the exam time for review of a tutorial explaining how to maneuver through the computer exam.
- In addition to scored items, all candidates receive between 10-25 pilot questions. While they are not identified or scored, these questions are being pilot tested for possible inclusion in future examinations.

Examination Level	Number of Scored Questions	Examination Time
COA/CCOA	200	3 hours
COT	200	3 hours
COMT	200	3 hours
Ophthalmic Surgical Assisting	60	1 hour
ROUB	170	3 hours
CDOS	175	3 hours

Examination Construction and Scoring

JCAHPO exams are developed by the JCAHPO Certification Committee, which includes ophthalmologists and certified OMP. A variety of reference materials are used to create examination questions, which are chosen from a pool of items based on the exam specifications and content outlines.

All examinations are criterion-referenced. This means that each candidate passes or fails based on their performance, which is judged against an objective standard and not on the performance of others on the same exam.

The passing score is the minimum number of questions that must be answered correctly. Scoring is statistically adjusted to ensure that all those who pass meet the same standards of competence, regardless of which form of examination they took.

A modified Angoff procedure is used to establish each passing score. In this commonly accepted psychometric procedure, content experts estimate the probability of each question being answered correctly by a person who meets the minimum eligibility requirements. For this reason, passing scores are not released.

Preparation Strategies

JCAHPO exams are designed to cover the knowledge and skills needed by ophthalmic medical personnel in varied settings and/or geographic locations. They are more inclusive than the tests you took in school. Here are some tips to help you prepare for the exam:

- 1 **Read the content outline thoroughly.** The exam will include questions from every content area, and also may include questions from sub-categories within those content areas. Mark any topics that are unfamiliar to you. Do some extra reading in those areas or consider attending a class or seminar.
- 2 **Use many study sources,** since JCAHPO does not rely on one single reference source in the design of its exams. Review and refresh your knowledge, especially in those areas you marked when you reviewed the content outline. Read for learning and comprehension, not just to memorize.
- 3 **Before the exam, find the test center** and locate parking areas. Knowing where to go will reduce your stress on test day.
- 4 **Get plenty of rest** the night before the exam. Late-night cramming only tires you out.
- 5 **Focus on doing your personal best;** your score is not affected by anyone else's.

Retaking the Multiple-choice Examinations

If you do not pass the exam the first time, a re-test application is automatically included with the Notification of Results letter. You have 12 months from your initial examination date to complete all multiple-choice re-tests. Once the re-test application is processed, you will have 90 days in which to schedule and complete the exam.

If you decide not to apply to re-test within 12 months of the initial exam or fail to complete the exam within the 90-day eligibility period, then the complete application process begins again, with eligibility, supporting documentation, and required fees.

If you do not pass the initial exam, you may re-test two more times within the 12-months from the initial exam date. If you still do not pass, a waiting period of 12 months from the date of your first exam is required. You will need to submit a new application with eligibility, supporting documentation, and required fees.

Sample Items/Answers

1. The number 75 in the lens prescription

-5.00 + 1.50 X 75 is the:

- a. Power of sphere
- b. Axis of cylinder
- c. Interpupillary distance
- d. Vertex distance

2. The abbreviation prn stands for:

- a. Every day
- b. After meals
- c. As needed
- d. At bedtime

3. An A-scan is used to measure the:

- a. Corneal thickness
- b. Scleral rigidity
- c. Rod and cone function
- d. Eye's axial length

4. What extraocular muscles rotate the eyes into right gaze:

- a. RLR and LMR
- b. RIO and LSR
- c. RMR and LMR
- d. RSO and LIR

5. Which of the following is an opacification of the lens:

- a. Cataract
- b. Leukocoria
- c. Pinguecula
- d. Coloboma

Answers:
1. b; 2. c; 3. d; 4. a; 5. a

COA Certification Requirements

To qualify for certification at the Assistant level, you must meet one of the following three options:

A1. GRADUATE OF A FORMAL CLINICAL TRAINING PROGRAM¹

- Graduated from a CoA-OMP accredited Clinical Ophthalmic Assistant program within the 12 months (one-year) prior to submitting your application.
 - If you completed the program more than 12 months ago, you will need to obtain 18 JCAHPO Group A credits for each year following graduation.
- No work experience is necessary.

A2. GRADUATE OF A FORMAL TRAINING PROGRAM AND WORK EXPERIENCE

- Graduated from a CoA-OMP accredited Ophthalmic Assistant program within the 12 months prior to submitting your application.
 - If you completed the program more than 12 months ago, you will need to obtain 18 JCAHPO Group A credits, for each year following graduation.
- Worked at least 500 hours (three months full-time equivalent) under ophthalmologic supervision within 12 months prior to submitting your application.

A3. COMPLETION OF INDEPENDENT STUDY COURSE AND WORK EXPERIENCE

- Graduated from high school or equivalent.
- Successfully completed a CoA-OMP approved independent study course (e.g., JCAHPO Independent Study Course, American Academy of Ophthalmology Independent Study Course, or the Canadian Ophthalmological Society Home Study Course offered through Centennial College or Southern Alberta Institute of Technology) within the 36 months prior to submitting your exam application.
 - If you completed an independent study course more than 36 months ago, you will need to repeat the course or submit 18 Group A credits for each year following completion.
- Worked at least 1,000 hours (six months full-time equivalent) under ophthalmologic supervision within 12 months prior to submitting your application.

COA/CCOA Content Outlines - Multiple-Choice Examinations

(Effective before mid-to-late 2009)

COA/CCOA candidates are examined in Content Areas 1-6.

CONTENT AREA		% of exam
1	History Taking	20
2	Basic Skills & Lensometry	17
3	Patient Services	16
4	Basic Tonometry	15
5	Instrument Maintenance	11
6	General Medical Knowledge	21

¹ Individuals who graduate from an accredited formal training program at the Technician or Technologist level are eligible to apply for a lower-level certification under the formal training program eligibility option. For example, graduates of an accredited Ophthalmic Technician program may choose to apply for certification at the Ophthalmic Assistant level. Likewise, graduates for an accredited Ophthalmic Technologist program may choose to apply for certification at the Ophthalmic Assistant or the Ophthalmic Technician level.

*(Effective before mid-to-late 2009)***1. HISTORY TAKING****A. Presenting Complaint/****History of Presenting Illness**

- Signs and symptoms
- Triage
- Refractive status
- Injury
- Contact lenses
- Confidentiality

B. Past Ocular History

- Refractive status problems
- Injury
- Diseases and prescriptions
- Surgery and laser
- Contact lenses

C. Family History

- Diabetes
- Glaucoma
- Hypertension
- Ocular diseases and dystrophies
- Strabismus
- Other

D. Systemic Illness, Past and Present

- Hypertension
- Diabetes
- Cardiac problems
- Pulmonary problems
- Arthritis
- Sickle Cell disease
- Surgical procedures
- Major infections
- Other

E. Medications

- Aspirin-containing medications
- Diuretics
- Blood pressure medications
- Birth control pills
- Steroids
- Other

F. Allergies and Drug Reactions

- Penicillin
- Sulfa
- Local anesthesia
- Fluorescein
- Other

G. Partially Sighted Patient

- Onset of visual loss
- Use of low vision aids
- Problems/goals
- Home/family/community support

2. BASIC SKILLS AND LENOMETRY**A. Method of Measuring/****Recording Acuity**

- Distance acuity
- Near acuity
- Children
- Low vision
- Illumination of target and background
- Pinhole
- Artifacts
- Recording

B. Color Vision Testing

- Color plates
- D-15
- Farnsworth-Munsell
- Physiology
- Children

C. Lensometry

- Sphere
- Cylinder power/axis
- Prism
- Multifocal power
- Multifocal induced prism
- Base curve
- Lensometer
- Lens "clock"
- Estimation with loose lenses
- Aphakic lenses
- Recording prescription
- Transposition

D. A-scan Biometry**E. Schirmer Tests****F. Exophthalmometry****G. Evaluation of Pupils****H. Amsler Grid****I. Estimation of Anterior Chamber Depth****3. PATIENT SERVICES****A. Ocular Dressings and Shields**

- Indications
- Proper use

B. Drug Delivery**(Advantages/Disadvantages)**

- Drops
- Ointments
- Sustained release
- Injections
- Systemic
- Complications

C. Spectacle Principles

- Interpupillary distance
- Frames
- Multifocals
- "Safety" lenses and frames
- Adjustments and repair
- Care of spectacles
- Lens materials

D. Assisting Patient

- Physically disabled
- Visually disabled
- Pediatric/children

E. Minor Surgery

- Assisting surgeon
- Instructing patient

4. BASIC TONOMETRY**A. Applanation**

- Principles
- Errors
- Cleaning and sterilizing
- Advantages/disadvantages
- Technique

B. Non-Contact**C. Complications/Contraindications****D. Scleral Rigidity**

- General concepts
- Methods of assessing scleral rigidity

E. Factors Altering Intraocular Pressure

- Squeezing eyelids
- Heartbeat
- Breath holding
- Tight collar
- Body position
- Other

5. INSTRUMENT MAINTENANCE**A. Acuity Projectors****B. Tangent Screen****C. Lenses****D. Ophthalmoscopes****E. Phoropters****F. Tonometers**

- Direct
- Indirect

G. Retinoscopes**H. Slit Lamps****I. Muscle Light****J. Lensometers****K. Ultrasound****L. Special Instruments (Equipment)****M. Perimeters****N. Keratometers****O. Surgical Instruments****6. GENERAL MEDICAL KNOWLEDGE****A. Cardiopulmonary Resuscitation**

- Fainting
- Cardiac arrest
- Acute drug reaction

B. Anatomy

- Cardiovascular
- Respiratory
- Endocrine
- Nervous
- Ocular

C. Physiology

- Cardiovascular
- Respiratory
- Endocrine
- Nervous
- Ocular

D. Systemic Diseases

- Diabetes
- Hypertension
- Cancer
- Atherosclerosis
- Blood
- Infections
- Blood dyscrasia
- Infectious disease

E. Ocular Diseases

- Refractive errors
- Infection
- Injury
- Red eye
- Presbyopia
- Other common disorders

F. Ocular Emergencies

- First aid
- Management in the absence of the physician

G. Metric Conversions**H. Fundamentals of Microbial Control**

- Sanitation
- Disinfection
- Sterilization
- Contamination

COA/CCOA Content Outlines - Multiple-Choice Examinations

*(Effective mid-to-late 2009) *Please check JCAHPO's Web site for updates.*

CONTENT AREA		% of exam
1	History Taking	3
2	Pupillary Assessment	3
3	Equipment Maintenance and Repair	4
4	Lensometry	3
5	Keratometry	3
6	Medical Ethics, Legal and Regulatory Issues	5
7	Microbiology	2
8	Pharmacology	8
9	Ocular Motility	5
10	In-office Minor Surgical Procedures	5
11	Ophthalmic Patient Services and Education	13
12	Ophthalmic Imaging	7
13	Refractometry	6
14	Spectacle Skills	3
15	Supplemental Skills	10
16	Tonometry	5
17	Visual Assessment	6
18	Visual Fields	6
19	Surgical Assisting in ASC or Hospital-Based OR	3

The COA/CCOA examination will include questions in each content area. Possible question topics are listed below, under each content area.

1. HISTORY TAKING

- Ocular
- Medical
- Medication
- Social
- Family

2. PUPILLARY ASSESSMENT

- Measure
- Compare
- Evaluate
- RAPD

3. EQUIPMENT MAINTENANCE AND REPAIR

- Ophthalmic lenses, instruments, and equipment
 - i. Clean & lubricate
 - ii. Tighten screws
 - iii. Replace parts

4. LENSOMETRY

- Neutralize spectacles
 - i. Automated
 - ii. Manual

5. KERATOMETRY

- Corneal curvature

6. MEDICAL ETHICS, LEGAL AND REGULATORY

- Third party coding
- Government and institutional rules and regulations
- Quality assurance
- Ethical & legal standards
- Scribing
- Charting
- Confidentiality
- Informed consent

7. MICROBIOLOGY

- Office antisepsis
- Universal precautions

8. PHARMACOLOGY

- Ocular medications (instilling and identifying)
- Educate patients on medications
- Drug reactions

9. OCULAR MOTILITY

- Version and duction
 - i. Function
 - ii. Anomalies
- Cover tests
- Stereoacuity
- Nystagmus

10. IN-OFFICE MINOR SURGICAL PROCEDURES (ASSIST)

- Instrument preparation
- Refractive
- Sterile fields
- Aseptic technique
- Non-refractive laser therapy
- Intraocular injections

Continued

11. OPHTHALMIC PATIENT SERVICES & EDUCATION

- Patient education:
 - i. Surgery
 - ii. Systemic & ocular diseases
 - iii. Anatomy & physiology (general)
 - iv. Anatomy & physiology (ocular)
 - v. Safety glasses
- Patient instruction:
 - i. Medication
 - ii. Tests
 - iii. Procedures
 - iv. Treatments
- Eye dressings
- Patient flow
- Triage
- Forms & Manuals
- Legal forms for government services
- Vital signs
- CPR

12. OPHTHALMIC IMAGING

- Slit lamp/anterior segment photography
- Fundus photography
- External photography

- Diagnostic/standardized A-scan
- Corneal topography
- Scanning laser tests for glaucoma/retina
 - i. HRT
 - ii. GDx
 - iii. OCT

13. REFRACTOMETRY

- Refractive error (automated)
- Manifest refractometry

14. SPECTACLE SKILLS

- Transpose cylinder readings

15. SUPPLEMENTAL SKILLS

- IOL power calculation
- A/C Depth
- Pachymetry
- Calibrate biometry instruments
- Tear tests
 - i. Schirmer
 - ii. BUT
 - iii. Rose Bengal
- Glare testing
- Color vision testing
- Contact A-scan
- Laser interferometry

16. TONOMETRY

- Goldmann applanation tonometer
 - i. Clean
 - ii. Disinfect
 - iii. Calibrate
- Intraocular pressure

17. VISUAL ASSESSMENT

- Visual acuity
- PAM
- Pinhole acuity

18. VISUAL FIELDS

- Amsler Grid
- Confrontation Fields
- Automated perimetry

19. SURGICAL ASSISTING

- Yag Laser
- Sterilization
- Site identification
- Laser safety
- Assist with procedures

Recertification Credits

Number of Credits Required per each 36-month Cycle:			
Credential	Total Number of Credits Required	Minimum Number of Group A Credits Required	Maximum Number of Group B Credits Permitted
COA/CCOA	18	12	6

COT Certification Requirements

To qualify for certification at the Technician level, you must meet one of the following three options:

T1. GRADUATE OF A FORMAL TRAINING PROGRAM¹

- Graduated from a CoA-OMP, CMA, or CAAHEP accredited program for Ophthalmic Technicians within the 12 months (one year) prior to submitting your application. The Skill Evaluation application and all examinations must be completed within 24 months of initial application.
 - If you completed the program more than 12 months ago, you will need to earn 12 JCAHPO Group A credits for each year following graduation. These credits must be earned within the 36 months prior to submitting your application.
- No work experience is necessary.

T2. CURRENTLY CERTIFIED AS A COA AND WORK EXPERIENCE

- Worked at least 2,000 hours (one year full-time equivalent) as a COA, under ophthalmologic supervision within 24 months prior to submitting your application.
- Earned 12 JCAHPO Group A credits within the 12 months prior to submitting your exam application.
- Maintained certification as a COA while pursuing COT certification.

T3. CURRENTLY CERTIFIED AS AN ORTHOPTIST AND WORK EXPERIENCE

- Worked at least 2,000 hours (one-year full-time equivalent) as a CO or OC(C), under ophthalmologic supervision within the 24 months (two years) prior to submitting your exam application.
- Earned 12 JCAHPO Group A credits within the 12 months prior to submitting your exam application.
- Maintained certification as an Orthoptist (by the American Orthoptic Council or the Canadian Orthoptic Council) while pursuing COT certification.

COT Content Outlines - Multiple-Choice Examinations

COT candidates are examined in Content Areas 1-13.

CONTENT AREA		% of exam
1	History Taking	7
2	Basic Skills & Lensometry	8
3	Patient Services	4
4	Basic Tonometry	4
5	Instrument Maintenance	6
6	General Medical Knowledge	10
7	Clinical Optics	14
8	Basic Ocular Motility	10
9	Visual Fields	12
10	Contact Lenses	10
11	Intermediate Tonometry	4
12	Ocular Pharmacology	8
13	Photography	3

¹ Individuals who graduate from an accredited formal training program at the Technician or Technologist level are eligible to apply for a lower-level certification under the formal training program eligibility option. For example, graduates of an accredited Ophthalmic Technician program may choose to apply for certification at the Ophthalmic Assistant level. Likewise, graduates of an accredited Ophthalmic Technologist program may choose to apply for certification at the Ophthalmic Assistant or the Ophthalmic Technician level.

1. HISTORY TAKING

- A. Presenting Complaint and History of Presenting Illness**
 - Signs and symptoms
 - Triage
 - Refractive status
 - Injury
 - Contact lenses
 - Confidentiality
- B. Past Ocular History**
 - Refractive status problems
 - Injury
 - Diseases and prescriptions
 - Surgery and laser
 - Contact lenses
- C. Family History**
 - Diabetes
 - Glaucoma
 - Hypertension
 - Ocular diseases and dystrophies
 - Strabismus
 - Other
- D. Systemic Illness, Past and Present**
 - Hypertension
 - Diabetes
 - Cardiac problems
 - Pulmonary problems
 - Arthritis
 - Sickle Cell disease
 - Surgical procedures
 - Major infections
 - Other
- E. Medications**
 - Aspirin-containing medications
 - Diuretics
 - Blood pressure medications
 - Birth control pills
 - Steroids
 - Other
- F. Allergies and Drug Reactions**
 - Penicillin
 - Sulfa
 - Local anesthesia
 - Fluorescein
 - Other
- G. Partially Sighted Patient**
 - Onset of visual loss
 - Use of low vision aids
 - Problems/goals
 - Home/family/community support

2. BASIC SKILLS AND LENSOMETRY

- A. Method of Measuring/Recording Acuity**
 - Distance acuity
 - Near acuity
 - Children
 - Low vision
 - Illumination of target and background
 - Pinhole
 - Artifacts
 - Recording
- B. Color Vision Testing**
 - Color plates
 - D-15
 - Farnsworth-Munsell
 - Physiology
 - Children

C. Lensometry

- Sphere
- Cylinder power/axis
- Prism
- Multifocal power
- Multifocal induced prism
- Base curve
- Lensometer
- Lens “clock”
- Estimation with loose lenses
- Aphakic lenses
- Recording prescription
- Transposition
- D. A-scan Biometry**
- E. Exophthalmometry**
- F. Amsler Grid**
- G. Schirmer Tests**
- H. Evaluation of Pupils**
- I. Estimation of Anterior Chamber Depth**

3. PATIENT SERVICES

- A. Ocular Dressings and Shields**
 - Indications
 - Proper use
- B. Drug Delivery (Advantages/Disadvantages)**
 - Drops
 - Ointments
 - Sustained release
 - Injections
 - Systemic
 - Complications
- C. Spectacle Principles**
 - Interpupillary distance
 - Frames
 - Multifocals
 - “Safety” lenses and frames
 - Adjustments and repair
 - Care of spectacles
 - Lens materials
- D. Assisting Patient**
 - Physically disabled
 - Visually disabled
 - Pediatric/children
- E. Minor Surgery**
 - Assisting surgeon
 - Instructing patient

4. BASIC TONOMOMETRY

- A. Applanation**
 - Principles
 - Errors
 - Cleaning and sterilizing
 - Advantages/disadvantages
 - Technique
- B. Non-Contact**
- C. Complications and Contraindications**
- D. Scleral Rigidity**
 - General concepts
 - Methods of assessing scleral rigidity
- E. Factors Altering Intraocular Pressure**
 - Squeezing eyelids
 - Heartbeat
 - Breath holding
 - Tight collar
 - Body position
 - Other

5. INSTRUMENT MAINTENANCE

- A. Acuity Projectors**
- B. Ophthalmoscopes**
 - Direct
 - Indirect
- C. Retinoscopes**
- D. Lensometers**
- E. Perimeters**
- F. Tangent Screen**
- G. Phoropters**
- H. Slit Lamps**
- I. Ultrasound**
- J. Keratometers**
- K. Lenses**
- L. Tonometers**
- M. Muscle Light**
- N. Special Instruments (Equipment)**
- O. Surgical Instruments**

6. GENERAL MEDICAL KNOWLEDGE

- A. Cardiopulmonary Resuscitation**
 - Fainting
 - Cardiac arrest
 - Acute drug reaction
- B. Anatomy**
 - Cardiovascular
 - Respiratory
 - Endocrine
 - Nervous
 - Ocular
- C. Physiology**
 - Cardiovascular
 - Respiratory
 - Endocrine
 - Nervous
 - Ocular
- D. Systemic Diseases**
 - Diabetes
 - Hypertension
 - Cancer
 - Atherosclerosis
 - Blood
 - Infections
 - Blood dyscrasia
 - Infectious disease
- E. Ocular Diseases**
 - Refractive errors
 - Infection
 - Injury
 - Red eye
 - Presbyopia
 - Other common disorders
- F. Ocular Emergencies**
 - First aid
 - Management in the absence of the physician
- G. Metric Conversions**
- H. Fundamentals of Microbial Control**
 - Sanitation
 - Disinfection
 - Sterilization
 - Contamination

Continued

7. CLINICAL OPTICS

A. Optics

- Geometric
- Clinical
- Physiologic

B. Retinoscopy

- Principles
- Techniques

C. Refractometry

- Fogging
- Astigmatic dials
- Cross cylinder
- Duochrome
- Accommodation
- General principles

D. Advanced Spectacle Principles

- Vertex distance
- Prism correction
- Bicentric grinding (slab off)
- Aphakic spectacles

E. Low Vision Aids

8. BASIC OCULAR MOTILITY

A. Extraocular Muscle Actions

B. Strabismus

- Phoria/tropia
- Horizontal deviations
- Vertical deviations
- Pseudostrabismus
- Paralytic (including primary and secondary deviations)

C. Amblyopia Detection

D. Evaluation Assessment Methods

- Cover/uncover, alternate cover tests
- Krimsky/Hirschberg
- Diagnostic positions of gaze
- Maddox rod
- Worth 4-dot
- Stereopsis
- Near point of convergence/accommodation
- Ductions and versions, head tilt
- Vergences
- Risley prism
- Diplopia (e.g., Red glass)
- Fusion (e.g., Bagolini lens)

9. VISUAL FIELDS

A. Visual Pathways

- Retina
- Retinal nerve fiber layer
- Optic nerve
- Chiasm
- Optic tract
- Lateral geniculate body
- Optic radiation
- Occipital cortex

B. Visual Fields

- Visual field terminology (isopters, threshold, apostilb, decibel)
- Definition of the visual field
- The "island of vision" analogy

C. Methods of Measuring the Visual Field

- Screening (single stimulus, multiple stimuli, Harrington-Flocks screener, others)
- Threshold perimetry

D. Techniques

- Manual (confrontation, tangent screen, autoplot, arc perimeter, Goldmann)
- Automated (Humphrey, Octopus, Dicon, others)
- Kinetic perimetry
- Static perimetry

E. Errors in Visual Field Testing

- Machine calibration
- Recording and printing results
- Correcting lens (power and positioning)
- Stimulus selection
- Patient preparation (instructions, positioning, comfort, special situations, e.g., low vision, wheelchairs)
- Test selection
- Catch trials, fixation losses, and fluctuation
- Artifactual loss

F. Visual Field Defects from Disease

- Retinal disease
- Optic nerve disease (glaucoma, drusen, optic neuritis)
- Neurological
- Non-organic

10. CONTACT LENSES

A. Basic Principles

- Hard lenses
- Soft lenses
- Toric lenses
- Astigmatism
- Bifocal
- Aphakic
- Extended wear
- Gas permeable
- Truncated
- Bandage lenses
- Oxygen permeability
- Lens characteristics
- Rigid lenses

B. Fitting Procedures

- Keratometry
- Corneal diameter
- Pupil diameter
- Tear secretion
- Eyelid tightness and fissure size
- Fluorescein pattern
- Spectacle prescription conversion
- Over-refraction
- Pediatric
- Contraindications

C. Patient Instruction

- Insertion
- Removal
- Cleaning
- Storage
- Hygiene
- Solutions
- Wearing time

D. Troubleshooting Problems

- Tight
- Loose
- Vascularization

- Ulcers
- Spectacle blur
- Giant papillary conjunctivitis
- Deposits
- Pain
- Keratoconus
- Edema
- Solutions
- Modifications
- Vision

E. Verification of Lenses

- Power
- Base curve
- Diameter
- Central thickness
- Edge profile

11. INTERMEDIATE TONOMETRY

A. Aqueous Humor Dynamics

B. Glaucoma

- Basic mechanisms
- Angle closure
- Open angle
- Cupping
- Basic medical management
- Basic surgical management

C. Indentation

- Principles
- Errors
- Cleaning and sterilizing
- Advantages/disadvantages
- Technique

12. OCULAR PHARMACOLOGY

Types, Strengths, Actions, and Complications

- Anesthetics
- Mydriatics and Cycloplegics
- Epinephrine
- Beta-Blockers
- Miotics
- Steroids
- Antibiotics
- Carbonic Anhydrase Inhibitors
- Vasoconstrictors
- Antihistamines
- Osmotic Agents
- Nonsteroidal Anti-Inflammatories
- Others

13. PHOTOGRAPHY

A. Basics of Photography

- Film
- Exposure
- Focal length
- Depth of field
- Synchronization
- Beam splitters
- Reticles
- Ocular
- Focus
- Video
- Stigmatic correction

B. Fundus Photography

C. Defects/Artifacts

COT Skill Evaluation

Upon successful completion of the COT multiple-choice examination, you may apply to take the Skill Evaluation. Successful completion of the Skill Evaluation must occur within 24 months of application for the COT multiple-choice examination.

Skill Areas for the COT Skill Evaluation

Candidates will be asked to demonstrate their skill in each of the following seven areas:

- Clinical Optics/Lensometry - Demonstrate the ability to perform non-automated lensometry to determine the strength of the distance correction and the bifocal or trifocal add.
- Visual Fields - Demonstrate the ability to perform an automated visual field on a specified automated visual field test as determined by JCAHPO.
- Ocular Motility - Demonstrate the ability to detect a phoria or tropia, and identify the direction of the deviation using appropriate cover tests.
- Contact Lens/Keratometry - Demonstrate the ability to perform keratometry.
- Clinical Optics/Retinoscopy - Demonstrate the ability to perform retinoscopy.
- Clinical Optics/Refinement - Demonstrate the ability to perform refinement.
- Tonometry - Demonstrate the ability to perform applanation tonometry.

Skill Tests and Specifications

You will have two hours (120 minutes) to complete all seven tasks: lensometry, visual fields, ocular motility, keratometry, retinoscopy, refinement and tonometry. There is no time limit on each of the individual tasks. Lensometry, retinoscopy, and refinement are offered in plus (+) and minus (-) cylinder.

Practice Skill Evaluation

You can take the Skill Evaluation on a practice basis for an additional fee. The practice test will not be considered a formal attempt, but if you pass all components, you may count it toward COT certification; however, no refund for the examination package fee will be issued. If all areas are not passed, you will need to take the full Skill Evaluation. Contact the Certification Department for more information about this option.

Skill Evaluation Construction and Scoring

The seven skills included in the test are those most commonly performed by Certified Ophthalmic Technicians (COTs), according to a job task analysis survey of working technicians and sponsoring ophthalmologists.

The Skill Evaluation scoring system is based on performance steps and is evaluated by how well the candidate performs each task. The system includes these elements:

- Each skill is scored independently.
- Each skill is scored on two components: technique and accuracy of results.
Note: Only technique is scored for Visual Fields since you are not required to report results for this skill. To determine the technique score, each skill is divided into steps. Each step is assigned a weighted value based upon its level of importance to the overall process, as determined by the panel of subject matter experts. Points are assigned for correct responses based upon the weighted value of the step. A minimum has been established for achieving a “satisfactory” score. If this established minimum is not met, a “non-satisfactory” score will be assigned.
- To evaluate the accuracy of results, the panel of subject matter experts has established tolerance ranges for each of the required categories. To receive a “satisfactory” score on accuracy of results, all required results must fall within the tolerance ranges. Otherwise, a “non-satisfactory” score will be assigned.

A “satisfactory” score in both technique and accuracy of results is required to pass each individual skill, except Automated Visual Fields, which is scored on technique only. A passing score in all seven-skill areas is needed to successfully complete the Skill Evaluation.

Preparation Strategies

The COT Skill Evaluation confirmation letter contains a CD tutorial and a procedural checklist. The checklist details the steps necessary to perform each task. The following steps may assist you in preparing for the Skill Evaluation:

- 1 **Review the tutorial** carefully for critical information on the mechanics of the computer-based Skill Evaluation. The tutorial allows you the opportunity to manipulate some of the dials and controls on the simulated equipment. While the tutorial is not intended to teach how to perform the tasks, it will assist you in becoming familiar with how to maneuver through the exam and record results.
- 2 **Practice.** Become proficient at performing the skills tested and using the equipment upon which these skills are performed.
- 3 **Understand the theory** behind the task in order to build your confidence and help you make on-the-spot decisions during the evaluation.
- 4 **Review the procedural checklist** for a detailed list of steps and the preferred order in which to perform them.
- 5 **Use CDs, DVDs or videos** to learn more about the skills. Take notes and study them in preparation.
- 6 **Ask your employer** for opportunities to practice the skills on actual equipment in your work setting.
- 7 Before the Skill Evaluation, **find the test center** locate parking areas. Knowing where to go will reduce your stress on test day.
- 8 **Get plenty of rest** the night before the exam. Late-night cramming only tires you out.
- 9 **Focus on doing your personal best;** your score is not affected by anyone else's.

Retaking the Skill Evaluation

There are three possible outcomes to the initial attempt of the Skill Evaluation:

- 1 *You successfully complete all seven-skill areas.* In this case, you are awarded the COT credential, and no re-testing is necessary.
- 2 *You successfully complete some, but not all, of the seven skill areas.* In this case, you have received a “conditional” pass. You will have the opportunity to re-test in the areas you did not successfully complete provided that you are within the 24-month time period from the date your initial multiple-choice application was approved.
- 3 *You do not successfully complete any of the seven skill areas.* In this case, you must reapply and repeat the entire Skill Evaluation at a future session, provided that you are within the 24-month time period from the date your initial multiple-choice application was approved.

All candidates (initial or conditioned) are given 120 minutes (2 hours) to complete the Skill Evaluation and must wait a minimum of six weeks before retesting. If a re-test is not successful, you will be expected to repeat only the areas in which you were not successful. A candidate may retest up to five times as long as you remain within the 24-month time period stated above. If you do not pass within the 24-month time period, or after six attempts, a new COT multiple-choice exam application needs to be submitted with eligibility, supporting documentation, and required fees.

Recertification Credits

Number of Credits Required per each 36-month Cycle:			
Credential	Total Number of Credits Required	Minimum Number of Group A Credits Required	Maximum Number of Group B Credits Permitted
COT	27	18	9

COMT Certification Requirements

To qualify for certification at the Technologist level, you must meet one of the following four options:

TG1. GRADUATE OF A FORMAL TRAINING PROGRAM AND TWO OR MORE YEARS OF COLLEGE EDUCATION¹

- Graduated from a CoA-OMP, CAAHEP, or CMA accredited program for Ophthalmic Technologists within the 12 months (one year) prior to submitting your application. The Performance Test application and all examinations must be completed within 36 months of initial application.
 - If you completed the program more than 12 months ago, you will need to earn 12 JCAHPO Group A credits for each year following graduation. These credits must be earned within the 36 months prior to submitting your exam application.
- Successful completion of two or more years of college and/or university-level courses (90 quarter or 60 semester credits).
- No work experience is necessary.

TG2. GRADUATE OF A FORMAL TRAINING PROGRAM WITH LESS THAN TWO YEARS OF COLLEGE EDUCATION¹ AND WORK EXPERIENCE

- Graduated from a CoA-OMP, CAAHEP, or CMA accredited program for Ophthalmic Technologists within the 12 months (one year) prior to submitting your application. The Performance Test application and all examinations must be completed within 36 months of initial application.
 - If you completed the program more than 12 months ago, you will need to earn 12 JCAHPO Group A credits for each year following graduation. These credits must be earned within the 36 months prior to submitting your exam application.
- Worked at least 4,000 hours (two years full-time equivalent), under ophthalmologic supervision.

TG3. CURRENTLY CERTIFIED AS A COT AND WORK EXPERIENCE

- Worked at least 6,000 hours (three years full-time equivalent) as a COT, under ophthalmologic supervision.
- Earned 12 JCAHPO Group A credits within the 12 months prior to submitting your exam application.
- Maintained certification as a COT while pursuing COMT certification.

TG4. CURRENTLY CERTIFIED AS AN ORTHOPTIST AND WORK EXPERIENCE

- Worked at least 4,000 hours (two years full-time equivalent) as a CO or OC(C), under ophthalmologic supervision within the 60 months prior to submitting your application.
- Earned 12 JCAHPO Group A credits within the 12 months prior to submitting your exam application.
- Maintained certification as an Orthoptist (by the American Orthoptic Council or the Canadian Orthoptic Council) while pursuing COMT certification.

Content Areas

COMT candidates are examined in Content Areas 1-23 (*Effective before mid-to-late 2009*).

CONTENT AREA		% of exam	CONTENT AREA (<i>continued</i>)		% of exam
1	History Taking	1	13	Photography	2
2	Basic Skills & Lensometry	2	14	Microbiology	2
3	Patient Services	1	15	Advanced Tonometry	3
4	Basic Tonometry	1	16	Advanced Visual Fields	4
5	Instrument Maintenance	2	17	Advanced Color Vision	2
6	General Medical Knowledge	3	18	Advanced Clinical Optics	8
7	Clinical Optics	10	19	Advanced Ocular Motility	7
8	Basic Ocular Motility	5	20	Advanced Photography	4
9	Visual Fields	7	21	Advanced Pharmacology	5
10	Contact Lenses	8	22	Special Instruments and Techniques	8
11	Intermediate Tonometry	3	23	Advanced General Medical Knowledge	6
12	Ocular Pharmacology	6			

Note: Percentages indicate the percentage of the total examination devoted to the content area.

¹ Individuals who graduate from an accredited formal training program at the Technician or Technologist level are eligible to apply for a lower-level certification under the formal training program eligibility option. For example, graduates of an accredited Ophthalmic Technician program may choose to apply for certification at the Ophthalmic Assistant level. Likewise, graduates of an Ophthalmic Technologist program may choose to apply for certification at the Ophthalmic Assistant or the Ophthalmic Technician level.

1. HISTORY TAKING

A. Presenting Complaint/History of Presenting Illness

- Signs and symptoms
- Triage
- Refractive status
- Injury
- Contact lenses
- Confidentiality

B. Past Ocular History

- Refractive status problems
- Injury
- Diseases and prescriptions
- Surgery and laser
- Contact lenses

C. Family History

- Diabetes
- Glaucoma
- Hypertension
- Ocular diseases and dystrophies
- Strabismus
- Other

D. Systemic Illness, Past and Present

- Hypertension
- Diabetes
- Cardiac problems
- Pulmonary problems
- Arthritis
- Sickle Cell disease
- Surgical procedures
- Major infections
- Other

E. Medications

- Aspirin-containing medications
- Diuretics
- Blood pressure medications
- Birth control pills
- Steroids
- Other

F. Allergies and Drug Reactions

- Penicillin
- Sulfa
- Local anesthesia
- Fluorescein
- Other

G. Partially Sighted Patient

- Onset of visual loss
- Use of low vision aids
- Problems/goals
- Home/family/community support

2. BASIC SKILLS AND LENSOMETRY

A. Method of

Measuring/Recording Acuity

- Distance acuity
- Near acuity
- Children
- Low vision
- Illumination of target and background
- Pinhole
- Artifacts
- Recording

B. Color Vision Testing

- Color plates
- D-15
- Farnsworth-Munsell
- Physiology
- Children

C. Lensometry

- Sphere
- Cylinder power/axis
- Prism

- Multifocal power
- Multifocal induced prism
- Base curve
- Lensometer
- Lens "clock"
- Estimation with loose lenses
- Aphakic lenses
- Recording prescription
- Transposition

D. A-scan Biometry

E. Exophthalmometry

F. Amsler Grid

G. Schirmer Tests

H. Evaluation of Pupils

I. Estimation of Anterior Chamber Depth

3. Patient Services

A. Ocular Dressings and Shields

- Indications
- Proper use

B. Drug Delivery

(Advantages/Disadvantages)

- Drops
- Ointments
- Sustained release
- Injections
- Systemic
- Complications

C. Spectacle Principles

- Interpupillary distance
- Frames
- Multifocals
- "Safety" lenses and frames
- Adjustments and repair
- Care of spectacles
- Lens materials

D. Assisting Patient

- Physically disabled
- Visually disabled
- Pediatric/children

E. Minor Surgery

- Assisting surgeon
- Instructing patient

4. BASIC TONOMETRY

A. Applanation

- Principles
- Errors
- Cleaning and sterilizing
- Advantages/disadvantages
- Technique

B. Non-Contact

C. Complications and Contraindications

D. Scleral Rigidity

- General concepts
- Methods of assessing scleral rigidity

E. Factors Altering Intraocular Pressure

- Squeezing eyelids
- Heartbeat
- Breath holding
- Tight collar
- Body position
- Other

5. INSTRUMENT MAINTENANCE

A. Acuity Projectors

B. Ophthalmoscopes

- Direct
- Indirect

C. Retinoscopes

D. Lensometers

E. Perimeters

F. Tangent Screen

G. Phoropters

H. Slit Lamps

I. Ultrasound

J. Keratometers

K. Lenses

L. Tonometers

M. Muscle Light

N. Special Instruments (Equipment)

O. Surgical Instruments

6. GENERAL MEDICAL KNOWLEDGE

A. Cardiopulmonary Resuscitation

- Fainting
- Cardiac arrest
- Acute drug reaction

B. Anatomy

- Cardiovascular
- Respiratory
- Endocrine
- Nervous
- Ocular

C. Physiology

- Cardiovascular
- Respiratory
- Endocrine
- Nervous
- Ocular

D. Systemic Diseases

- Diabetes
- Hypertension
- Cancer
- Atherosclerosis
- Blood
- Infections
- Blood dyscrasia
- Infectious disease

E. Ocular Diseases

- Refractive errors
- Infection
- Injury
- Red eye
- Presbyopia
- Other common disorders

F. Ocular Emergencies

- First aid
- Management in the absence of the physician

G. Metric Conversions

H. Fundamentals of Microbial Control

- Sanitation
- Disinfection
- Sterilization
- Contamination

7. CLINICAL OPTICS

A. Optics

- Geometric
- Clinical
- Physiologic

B. Retinoscopy

- Principles
- Techniques

C. Refractometry

- Fogging
- Astigmatic dials
- Cross cylinder
- Duochrome
- Accommodation
- General principles

D. Advanced Spectacle Principles

- Vertex distance
- Prism correction
- Bicentric grinding (slab off)
- Aphakic spectacles

E. Low Vision Aids

8. BASIC OCULAR MOTILITY

A. Extraocular Muscle Actions

B. Strabismus

- Phoria/tropia
- Horizontal deviations
- Vertical deviations
- Pseudostrabismus
- Paralytic (including primary and secondary deviations)

C. Amblyopia Detection

D. Evaluation Assessment Methods

- Cover/uncover, alternate cover tests
- Krimsky/Hirschberg
- Diagnostic positions of gaze
- Maddox rod
- Worth 4-dot
- Stereopsis
- Near point of convergence and accommodation
- Ductions and versions, head tilt
- Vergences
- Risley prism
- Diplopia (e.g., Red glass)
- Fusion (e.g., Bagolini lens)

9. VISUAL FIELDS

A. Visual Pathways

- Retina
- Retinal nerve fiber layer
- Optic nerve
- Chiasm
- Optic tract
- Lateral geniculate body
- Optic radiation
- Occipital cortex

B. Visual Fields

- Visual field terminology (isopters, threshold, apostilb, decibel)
- Definition of the visual field
- The "island of vision" analogy

C. Methods of Measuring the Visual Field

- Screening (single stimulus, multiple stimuli, Harrington-Flocks screener, others)
- Threshold perimetry

D. Techniques

- Manual (confrontation, tangent screen, autoplot, arc perimeter, Goldmann)
- Automated (Humphrey, Octopus, Dicon, others)
- Kinetic perimetry
- Static perimetry

E. Errors in Visual Field Testing

- Machine calibration
- Recording and printing results
- Correcting lens (power and positioning)
- Stimulus selection
- Patient preparation (instructions, positioning, comfort, special situations, e.g., low vision, wheelchairs)
- Test selection
- Catch trials, fixation losses, and fluctuation
- Artfactual loss

F. Visual Field Defects from Disease

- Retinal disease
- Optic nerve disease (glaucoma, drusen, optic neuritis)
- Neurological
- Non-organic

10. CONTACT LENSES

A. Basic Principles

- Hard lenses

- Soft lenses
- Toric lenses
- Astigmatism
- Bifocal
- Aphakic
- Extended wear
- Gas permeable
- Truncated
- Bandage lenses
- Oxygen permeability
- Lens characteristics
- Rigid lenses

B. Fitting Procedures

- Keratometry
- Corneal diameter
- Pupil diameter
- Tear secretion
- Eyelid tightness and fissure size
- Fluorescein pattern
- Spectacle prescription conversion
- Over-refraction
- Pediatric
- Contraindications

C. Patient Instruction

- Insertion
- Removal
- Cleaning
- Storage
- Hygiene
- Solutions
- Wearing time

D. Troubleshooting Problems

- Tight
- Loose
- Vascularization
- Ulcers
- Spectacle blur
- Giant papillary conjunctivitis
- Deposits
- Pain
- Keratoconus
- Edema
- Solutions
- Modifications
- Vision

E. Verification of Lenses

- Power
- Base curve
- Diameter
- Central thickness
- Edge profile

11. INTERMEDIATE TONOMOMETRY

A. Aqueous Humor Dynamics

B. Glaucoma

- Basic mechanisms
- Angle closure
- Open angle
- Cupping
- Basic medical management
- Basic surgical management

C. Indentation

- Principles
- Errors
- Cleaning and sterilizing
- Advantages/disadvantages
- Technique

12. OCULAR PHARMACOLOGY — Types, Strengths, Actions, and Complications

A. Anesthetics

B. Mydriatics and Cycloplegics

C. Epinephrine

D. Beta-Blockers

E. Miotics

F. Steroids

G. Antibiotics

H. Carbonic Anhydrase Inhibitors

I. Vasoconstrictors

J. Antihistamines

K. Osmotic Agents

L. Nonsteroidal Anti-Inflammatories

M. Others

13. PHOTOGRAPHY

A. Basics of Photography

- Film
- Exposure
- Focal length
- Depth of field
- Synchronization
- Beam splitters
- Reticles
- Ocular
- Focus
- Video
- Astigmatic correction

B. Fundus Photography

C. Defects/Artifacts

14. MICROBIOLOGY

A. Inflammatory Response

- Infectious
- Non-infectious
- Cell types
- Cell function

B. Microscopy

- Bacteria identification
- Viral inclusions
- Disease correlation with microscopic findings

C. Staining

- Gram
- Giemsa
- Wright
- Special

D. Culture Media

- Bacterial
- Viral
- Fungal
- Other

E. Specimen Collection and Processing

- Collecting
- Labeling
- Fixing
- Staining
- Culturing

15. ADVANCED TONOMOMETRY

A. Pathophysiology of Glaucoma

- Structural changes
- Deterioration of function
- Secondary glaucoma
- Ocular hypertension
- Congenital glaucoma

B. Tonometry Theory

- Applanation
- Indentation

C. Managing Tonometry Problems

- Corneal irregularity and scarring
- High astigmatism
- Orbital disease

16. ADVANCED VISUAL FIELDS

A. Advanced Principles of Visual Field Testing

- Dynamic-kinetic field testing
- Static field testing
- Binocular field testing

Continued

B. Etiology and Description of Less Common Defects

- Toxic
- Steep vs. sloping margins
- Absolute vs. relative
- Nasal steps
- Altitudinal
- Scotomata

17. ADVANCED COLOR VISION

A. Physiology/Theory

B. Defects

- Anomalous trichromats
- Dichromats
- Monochromats and achromatopsia

C. Advanced Testing Techniques

- Anomaloscope
- Other

18. ADVANCED CLINICAL OPTICS

A. Advanced Refractometry

- Stenopeic slit
- Automated refractometers
- Merits of subjective vs. objective
- Low vision patients

B. Advanced Optics

- Simple lens systems
- Compound lens systems
- Plane mirrors
- Curved mirrors
- Accommodative range
- Accommodative amplitude
- Presbyopia
- Low vision aids
- Induced prism
- Safety lenses
- Schematic eye
- Conoid of Sturm

19. ADVANCED OCULAR MOTILITY

A. Amblyopia

- Classification
- Treatment
- Cause

B. Anatomy and Physiology of the Extraocular Muscles

- Location
- Innervation

C. Binocular Function

- Hering's Law

- Sherrington's Law
- AC/A ratio
- Angle kappa
- Fusional amplitude
- Stereopsis
- Nystagmus
- Convergence and divergence
- Panum's area
- Retinal correspondence

D. Advanced Strabismus

- Convergence insufficiency and accommodative insufficiency
- Dissociated vertical deviation
- Syndromes and systemic manifestations
- Divergence excess and divergence insufficiency

20. ADVANCED PHOTOGRAPHY

A. Fluorescein Angiography

- Principle
- Filters (exciter, barrier)
- Fluorescein administration
- Photography technique and sequence
- Fluorescence

B. Slit Lamp

C. External

D. Specular Micrography

E. Film Processing

21. ADVANCED PHARMACOLOGY

A. Basic Concepts of Topical Medications

- Stability
- pH
- Tonicity
- Sterility
- Adverse effects

B. Mechanism of Action and Desired Effects

- Sympathomimetics
- Sympatholytics
- Parasympathomimetics
- Parasympatholytics
- Cholinesterase inhibitors

22. SPECIAL INSTRUMENTS AND TECHNIQUES

A. Ophthalmic Lasers

- Argon

- Krypton
- Excimer
- CO₂
- Other

B. Imaging Techniques

- Computerized tomography (CT scans)
- Magnetic resonance imaging (MRI)
- Ultrasonography

C. IOL Power Computation

D. Electrodiagnostics

- Electroretinography
- Electrooculography
- Visually evoked potential

E. Dark Adaptometry

F. Macular Function Testing

G. Pupillography

H. Ophthalmoscope

I. Slit Lamp

J. Photokeratoscope

K. Pachymetry

L. Low Vision Equipment

M. Contrast Sensitivity

23. ADVANCED GENERAL MEDICAL KNOWLEDGE

A. Ocular Manifestation of Systemic Diseases

- Diabetes mellitus
- Hypertension
- Atherosclerosis
- Thyroid disease
- Pituitary disease
- Brain tumors
- Other

B. Low Vision/Blindness

- Legal
- Total
- Functional
- Psychological/social aspects

C. Ocular Disease

- Infectious
- Immunologic
- Congenital
- Malignant
- Other

D. Trauma

Content Areas - Multiple-Choice *Please check JCAHPO's Web site for updates.

(Effective mid-to-late 2009)

CONTENT AREA		% of exam
1	History Taking	3
2	Pupillary Assessment	4
3	Equipment Maintenance and Repair	3
4	Lensometry	6
5	Keratometry	3
6	Medical Ethics, Legal and Regulatory Issues	5
7	Microbiology	5
8	Pharmacology	8
9	Ocular Motility	11
10	In-office Minor Surgical Procedures	3
11	Ophthalmic Patient Services & Education	10
12	Ophthalmic Imaging	6
13	Refractometry	6
14	Supplemental Skills	10
15	Tonometry	5
16	Visual Assessment	6
17	Visual Fields	6

The COMT examination will include questions from each content area. Possible question topics are listed below, under each content area. Some topics may appear similar to those covered at other certification levels, but the level of difficulty and type of knowledge tested at the COMT level is different.

(Effective mid-to-late 2009).

1. HISTORY TAKING

- Ocular
- Medical
- Medication
- Social
- Family

2. PUPILLARY ASSESSMENT

- Measure
- Compare
- Evaluate
- RAPD

3. EQUIPMENT MAINTENANCE AND REPAIR

- Ophthalmic lenses, instruments, and equipment
 - i. Clean & lubricate
 - ii. Tighten screws
 - iii. Replace parts

4. LENOMETRY

- Ground-in prism
- Slab-off
- Neutralize spectacles

5. KERATOMETRY

- Corneal curvature

6. MEDICAL ETHICS, LEGAL AND REGULATORY

- Government and institutional rules and regulations
- Quality assurance
- Ethical & legal standards
- Scribing
- Charting
- Confidentiality
- Informed consent

7. MICROBIOLOGY

- Office antisepsis
- Universal precautions

8. PHARMACOLOGY

- Ocular medications (instilling and identifying)

- Educate patients on medications
- Drug reactions

9. OCULAR MOTILITY

- Version and duction
 - i. Function
 - ii. Anomalies
- Near point of convergence
- Cover tests
- Strabismus with prisms
- Stereoacuity
- Worth 4-Dot
- Near point of accommodation
- Hirshberg
- Krimsky
- Nystagmus

10. IN-OFFICE MINOR SURGICAL PROCEDURES (ASSIST)

- Instrument preparation
- Sterile fields
- Aseptic technique

11. OPHTHALMIC PATIENT SERVICES AND EDUCATION

- Patient education:
 - i. Surgery
 - ii. Systemic & ocular diseases
 - iii. Anatomy & physiology (general)
 - iv. Anatomy & physiology (ocular)
 - v. Safety glasses
- Patient instruction:
 - i. Medication
 - ii. Tests
 - iii. Procedures
 - iv. Treatments
- Patient flow
- Triage
- Forms & Manuals
- Cardiopulmonary emergencies

12. OPHTHALMIC IMAGING

- Fundus photography
- Diagnostic/standardized A-scan
- Corneal topography
- Scanning laser tests for glaucoma/retina
 - i. HRT
 - ii. GDx
 - iii. OCT

13. REFRACTOMETRY

- Retinoscopy
- Manifest refractometry

14. SUPPLEMENTAL SKILLS

- IOL power calculation
- A/C Depth
- Pachymetry
- Calibrate biometry instruments
- Glare testing
- Color vision testing
- Contact A-scan
- Immersion A-scan
- Laser interferometry

15. TONOMETRY

- Goldmann applanation tonometer
 - i. Clean
 - ii. Disinfect
 - iv. Calibrate
- Intraocular pressure

16. VISUAL ASSESSMENT

- Visual acuity
 - i. Optotype
 - ii. Special situations
- Pinhole acuity

17. VISUAL FIELDS

- Amsler Grid
- Confrontation Fields
- Automated perimetry

COMT Performance Test

Upon successful completion of the COMT multiple-choice examination, you may apply to take the Performance Test. The last hands-on Performance Test for first-time candidates was held in September 2008. Candidates wishing to begin the Performance Test process will need to wait until the simulation is released in late summer or early fall of 2009. The simulation examination tasks include:

- Measure patient's motility using cover tests and prisms at distance
- Evaluate versions and ductions and identify any abnormality
- Measure, compare, and evaluate pupil function at a distance
- Perform imaging
- Perform manual lensometry: identification and measurement of prisms

* All candidates will need to successfully complete the Skill Evaluation prior to taking the Performance Test simulation.

Performance Test and Specifications

The time allotted for the simulation has not been established. Consult JCAHPO's Web site for updated information.

Performance Test Construction & Scoring

The tasks included in the Performance Test are those most commonly performed by Certified Ophthalmic Medical Technologists (COMTs), according to a job task analysis survey of working technologists and sponsoring ophthalmologists.

A panel of experts designed the Performance Test scoring system, which identifies performance steps and criteria for judging how well the candidate performs each task. It is based on other accepted scoring systems for clinical exams. The system includes these elements:

- Each task is scored on technique and accuracy of results.
- To determine the technique score, each skill is divided into steps. Each step is assigned a weighted value based upon its level of importance to the overall process, as determined by the panel of subject matter experts. Points are assigned for correct responses based upon the weighted value of the step. A minimum has been established for achieving a "satisfactory" score. If the established minimum is not met, a "non-satisfactory" score will be assigned.
- To evaluate the accuracy of results, the panel of subject matter experts has established tolerance ranges for each of the required categories. To receive a "satisfactory" score on accuracy of results, all required results must fall within the tolerance ranges. Otherwise, a "non-satisfactory" score will be assigned.

Preparation Strategies

The COMT Performance Test confirmation letter contains a procedural checklist. The checklist details the steps necessary to perform each task. The following steps may assist in preparing for the Performance Test:

- 1 **Review the tutorial** carefully for critical information on the mechanics of the computer-simulated Performance Test. The tutorial allows you the opportunity to manipulate some of the dials and controls on the simulated equipment. While the tutorial is not intended to teach how to perform the tasks, it will assist you in becoming familiar with how to maneuver through the exam and record results.
- 2 **Practice.** Become proficient at performing the skills tested and using the equipment upon which these skills are performed.
- 3 **Understand the theory** behind the task in order to build your confidence and help you make on-the-spot decisions during the evaluation.
- 4 **Review the procedural checklist** for a detailed list of steps and the preferred order in which to perform them.
- 5 **Use CDs, DVDs or videos** to learn more about the skills. Take notes and study them in preparation.
- 6 **Ask your employer** for opportunities to practice the skills on actual equipment in your work setting.
- 7 **Before the Performance Test**, find the test center and locate parking areas. Knowing where to go will reduce your stress on test day.
- 8 **Get plenty of rest** the night before the exam. Late-night cramming only tires you out.
- 9 **Focus on doing your personal best;** your score is not affected by anyone else's.

Retaking the Performance Test

There are three possible outcomes to the initial Performance Test:

- 1 You successfully complete all performance areas. In this case, you are awarded the COMT credential, and no re-testing is necessary.
- 2 You successfully complete some, but not all, of the performance areas. In this case, you have received a “conditional” pass. You will have the opportunity to re-test in the areas you did not successfully complete provided that you are within the 36-month time period from the date your initial multiple-choice application was approved.
- 3 You do not successfully complete any of the performance areas. In this case, you must reapply and repeat the entire Performance Test at a future session, provided that you are within the 36-month time period from the date your initial multiple-choice application was approved.

If the Performance Test is not successfully completed within the 36-month time period, the candidate must reapply to take the multiple-choice examination. To reapply for the multiple-choice examination, the candidate must meet and comply with all current prerequisite eligibility and application criteria and requirements.

Recertification Credits

Number of Credits Required per each 36-month Cycle:			
Credential	Total Number of Credits Required	Minimum Number of Group A Credits Required	Maximum Number of Group B Credits Permitted
COMT	36	18	18

Ophthalmic Surgical Assisting Certification Requirements

Candidates who choose to become certified in the sub-specialty of Ophthalmic Surgical Assisting must be currently certified at one of the three core levels of certification (COA, COT, or COMT).

SA1. GRADUATE OF A FORMAL CLINICAL TRAINING PROGRAM

- Graduated from a CoA-OMP, CMA, or CAAHEP accredited program for OMP (which includes instruction and supervised experience in ophthalmic surgical assisting) within the 12 months prior to submitting your exam application.
 - If you completed the program more than 12 months ago, you will need to provide evidence of six months' work experience in a nationally accredited operating suite, under the supervision of regularly scheduling ophthalmic surgeons, one of whom is your sponsoring ophthalmologist. This work experience must be completed within the 12 months prior to submitting your exam application.

SA2. ON-THE-JOB TRAINING

- Worked for 18 months in a nationally accredited operating suite, functioning either as a sterile first assistant, sterile scrub assistant, or non-sterile circulator. This work experience must be under the supervision of regularly scheduling ophthalmic surgeons, one of whom is your sponsoring ophthalmologist. Work experience must be completed within the 36 months prior to submitting your exam application.

Content Outline for the Ophthalmic Surgical Assisting Examination

Ophthalmic surgical assisting candidates are examined in Content Areas 1-8. Percentages indicate the percentage of total questions devoted to the content area.

CONTENT AREA		% of exam
1	Pre-operative Preparation of Patient	5
2	Instruments	25
3	Aspetic Technique	20
4	Ophthalmic Anesthesia	5
5	Surgical Procedures	27
6	Surgical Complications	3
7	Ophthalmic Surgical Pharmacology	10
8	Minor Surgery	5

1. PRE-OPERATIVE PREPARATION OF PATIENT

- Consent
- Intraoperative monitoring

2. INSTRUMENTS

- Identification
- Selection/setup
- Maintenance
- Sterilization
- Sutures/supplies
- Function

3. ASEPTIC TECHNIQUE

- Scrubbing/gowning/gloving/prepping
- Circulating
- General knowledge
- Assisting

4. OPTHALMIC ANESTHESIA

- General
- Local
- Topical

5. SURGICAL PROCEDURES

- Cataract surgery
- Corneal surgery
- Glaucoma surgery
- Strabismus surgery
- Oculo-plastics surgery
- Orbital surgery
- Lacrimal surgery
- Refractive surgery
- Retinal surgery
- Laser surgery
- Other

6. SURGICAL COMPLICATIONS

7. OPTHALMIC SURGICAL PHARMACOLOGY

- Miotics
- Viscoelastics
- Enzymes
- Mydriatics
- Osmotic 9
- Narcotics
- Other

8. MINOR SURGERY

- Assisting the surgeon
- Instructing the patient

Ophthalmic Surgical Assisting Recertification

The certification period for this sub-specialty is 36 months and it is linked to your core level certification cycle. Because the two are linked, your first certification period in this sub-specialty may be shorter than the standard 36 months. Once the two cycles are synchronized, you will be due to apply for recertification in both areas every 36 months.

Example: David passed the ophthalmic surgical assisting computer-administered exam on June 15, 2007. He is also a COT. His current technician certificate is valid from January 2006, through January 2009. His new certificate, with the ophthalmic surgical assisting sub-specialty, will be dated January 2006 to January 2009. He will be due to apply for recertification in both areas by the deadline of January 31, 2009. After this, his certification cycle for both areas will be January 2009 through January 2012.

At the end of your certification cycle, you will need to submit the following information to JCAHPO, postmarked no later than the last day of the month in your certification cycle:

- **A completed application for recertification.**

JCAHPO will mail you a reminder approximately six months in advance of the time you are due to apply for recertification in your core level. A separate application and fee are not required for the sub-specialty if submitted with your core level recertification application. The application requires the signature/endorsement of your sponsoring ophthalmologist. If you are unable to submit an application for recertification in ophthalmic surgical assisting, please indicate this on your recertification application.

- **A log of surgical cases in which you have participated during your certification cycle.**

You will need to submit a log of cases in which you have actively participated (not merely observed), functioning as one of the following: Sterile First Assistant, Sterile Scrub Assistant, or Non-sterile Circulator. The log must include a signature from your sponsoring ophthalmologist attesting to your continued satisfactory performance in the operating room.

The log must include 10 cases for each 12 months of sub-specialty certification during the current cycle (30 cases for each 36-month certification cycle). The cases may have occurred during any portion of the current certification period. If you are required to apply for recertification in less than 36 months, the case requirement is prorated for each 12-month period.

Case Requirements for Ophthalmic Surgical Assisting Recertification

The case requirement is divided into two groups: Categories A and B. You may choose to earn 100 percent of your case requirement from Category A, or you may choose to earn at least 80 percent of the case log from Category A and the remaining cases from Category B. See Category A and B lists.

Category A (at least 80%)	• Retina	<ul style="list-style-type: none"> · Scleral Buckle · Vitrectomy · Membrane removal · Endo laser
	• Lens	<ul style="list-style-type: none"> · Cataract extraction +/- IOL · Secondary IOL · IOL exchange
	• Strabismus	<ul style="list-style-type: none"> · Muscle procedure
	• Cornea	<ul style="list-style-type: none"> · Penetrating Keratoplasty (PKP) · Lamellar/patch graft · Pterygium with conjunctival · Conjunctival autograft transplant
	• Oculo-Plastics	<ul style="list-style-type: none"> · Dacryocystorhinostomy (DCR) · Levator procedures · Ptosis repair · Orbital decompression · Ectropion & Entropion repair · Lid laceration · Full thickness lid tumor · Endoscopic brow lift
	• Glaucoma	<ul style="list-style-type: none"> · Trabeculectomy · Seton procedures
	• Other	<ul style="list-style-type: none"> · Scleral patch
Category B (no more than 20%)	• Lens	<ul style="list-style-type: none"> · Reposition IOL
	• Strabismus	<ul style="list-style-type: none"> · Botulinum toxin injection
	• Cornea	<ul style="list-style-type: none"> · Radial Keratotomy (RK) · Automated lamellar keratoplasty (ALK) · Pterygium · Lasik · Astigmatic Keratotomy (AK) · Excimer laser surgeries (e.g., PRK, PTK)
	• Oculo-Plastics	<ul style="list-style-type: none"> · Blepharoplasty · Conjunctivoplasty · Tarsorrhaphy · Canthal plication · Chalazion · Trichiasis · Temporal artery biopsy · Nasolacrimal duct (NLD) probing · Excision of mass - partial thickness lid tumor · Conjunctival tumors

Alternatives for Ophthalmic Surgical Assisting Recertification

You have the option of attending CE courses to fulfill a portion of the case log requirement. You may earn up to 10 CE credits by attending courses in ophthalmic surgical assisting to substitute for up to 10 of the cases in the surgical experience requirement. You may attend courses that have been awarded JCAHPO or AMA CME Category 1 credit. You may not use self-study for the purposes of recertification in ophthalmic surgical assisting.

You also have the option of re-testing in lieu of submitting the case log. Please contact the JCAHPO Certification Department for the prerequisites and more details.

ROUB Certification Requirements**R1. GRADUATE OF A FORMAL TRAINING PROGRAM**

- Graduated from a CoA-OMP, CMA, or CAAHEP accredited program for OMP within 36 months prior to submitting your application.
 - If you have completed the program more than 36 months ago, you will need to obtain 25 approved credits for approved credit options.
- No work experience.

R2. CURRENTLY CERTIFIED AS A COA, COT, COMT, or CDOS

- Worked at least 2,000 hours (one year full-time) as a COA, COT, or COMT under an ophthalmologist or physician's supervision.

R3. WORK EXPERIENCE

- Worked at least 4,000 hours (two years full-time) as an Ultrasound Biometrist.
- Earned five hours of A-scan continuing education credits in a classroom setting.
- Earned one hour of A-scan continuing education credits in a hands-on course.

Content Outline for the ROUB Examination

Content Area		% of exam
1	Keratometry	5
2	Physics	16
3	Biometry Instrumentation	11
4	Instrument Settings for Biometry	13
5	Examination Techniques for Biometry	18
6	Sources of Error in Biometry	22
7	Intraocular Lens Power Calculations	15

ROUB Recertification

ROUB certificants are required to recertify every 36 months. To recertify, certificants must comply with continuing education (CE) requirements. A minimum of 25 CME (Continuing Medical Education) credits must be submitted per three-year cycle.

Number of Credits Required per each 36-month Cycle:			
Credential	Total Number of Credits Required	Minimum Number of Credits Related to Content Outline	Maximum Number of Credits Not Related to Content Outline
ROUB	25	10	15

All JCAHPO Group A or Group B credits, American Medical Association (AMA) Category 1 credits, and American Osteopathic (AOA) Category 1 credits are accepted towards the 25 CME credit requirement.

Programs approved by the following are also accepted towards the 25 CME credit requirement:

- American College of Cardiology (ACC)
- American Society of Echocardiography (ASE)
- Accreditation Council for Continuing Medical Education (ACCME)
- Canadian Society of Diagnostic Medical Sonographers (CSDMS)
- American Institute of Ultrasound in Medicine (AIUM)
- Canadian Society of Vascular Technology (CSVT)
- American College of Obstetrics and Gynecology (ACOG)
- Society of Diagnostic Medical Sonographers (SDMS)
- American College of Radiology (ACR)
- Society of Vascular Technology (SVT)

Verification of all credits must be submitted with the recertification application. CME documentation must include the name of the certificant, the title of the course or activity, the date of the course or activity, the name of the sponsoring organization, and the number of credit hours awarded. Recertification requirements require submission of a complete recertification application, the recertification fee, and verification of all CMEs earned.

CDOS Certification Requirements

B1. GRADUATE OF A FORMAL TRAINING PROGRAM

- Graduated from a CoA-OMP, CMA, or CAAHEP accredited program within the 24 months (two years) prior to submitting your application.
- If you completed the training program more than 36 months ago, you will need to submit:
 - Five hours of B-scan continuing education credits in a classroom or distance-learning setting
 - One hour of B-scan continuing education credits in a hands-on setting
- Submit a case log of 10 abnormal ophthalmic B-scan examinations, performed within 12 months prior to submitting your application.
 - *A supervising physician must sign your case log and at least two different pathologies must be listed.*

B2. CURRENTLY CERTIFIED AS A COA, COT, COMT, ROUB, REGISTERED DIAGNOSTIC CARDIAC SONOGRAPHER (RDCS), REGISTERED DIAGNOSTIC MEDICAL SONOGRAPHER (RDMS), ARRT SONOGRAPHER (R.T.(S)), OR RETINAL ANGIOGRAPHER (CRA).

- Worked at least 4,000 hours (two years full-time equivalent) as a COA, COT, COMT, under an ophthalmologist supervision. A ROUB, RCS, RDMS, SON, or CRA may be under an ophthalmologist or physician supervision.
- Submit a case log of 10 abnormal ophthalmic B-scan examinations, performed within 12 months prior to submitting your application.
 - *A supervising physician must sign your case log and at least two different pathologies must be listed.*
- Earn five hours of B-scan continuing education credits in a classroom or distance-learning setting.
- Earn one hour of B-scan continuing education credits in a hands-on setting.

B3. WORK EXPERIENCE

- Worked at least 6,000 hours (three years full-time equivalent), under an ophthalmologist.
- Submit a case log of 10 abnormal ophthalmic B-scan examinations, performed within 12 months prior to submitting your application.
 - *A supervising physician must sign your case log and at least two different pathologies must be listed.*
- Earn five hours of B-scan continuing education credits in a classroom or distance-learning setting.
- Earn one hour of B-scan continuing education credits in a hands-on setting.

Content Outline for the CDOS Examination

	Content Area	% of exam
1	Anatomy and Physiology of the Eye and Orbit	7
2	Biometry	7
3	Examination Technique	13
4	Instrumentation	3
5	Pathology	59
6	Physics	11

CDOS Recertification Requirements

Number of Credits Required per each 36-month Cycle:			
Credential	Total Number of Credits Required	Minimum Number of Credits Related to Content Outline	Maximum Number of Credits Not Related to Content Outline
CDOS	25	15	10

All JCAHPO Group A or Group B credits, American Medical Association (AMA) Category 1 credits, and American Osteopathic (AOA) Category 1 credits are accepted towards the 25 CME credit requirement.

Programs approved by the following are also accepted towards the 25 CME credit requirement:

- American College of Cardiology (ACC)
- American Society of Echocardiography (ASE)
- Accreditation Council for Continuing Medical Education (ACCME)
- Canadian Society of Diagnostic Medical Sonographers (CSDMS)
- American Institute of Ultrasound in Medicine (AIUM)
- Canadian Society of Vascular Technology (CSVT)
- American College of Obstetrics and Gynecology (ACOG)
- Society of Diagnostic Medical Sonographers (SDMS)
- American College of Radiology (ACR)
- Society of Vascular Technology (SVT)

Verification of all credits must be submitted with the recertification application. CME documentation must include the name of the certificant, the title of the course or activity, the date of the course or activity, the name of the sponsoring organization, and the number of credit hours awarded. Recertification requirements require submission of a complete recertification application, the recertification fee, and verification of all CMEs earned.

Scheduling the Examination

• Examination Test Centers

JCAHPO's computerized exams are administered by a professional testing service at hundreds of conveniently located test centers throughout the U.S. and Canada. A list of test center locations is included with this handbook on page 36; however, the list is subject to change without notice.

• Confirmation Letter

Candidates approved for eligibility will receive a letter-confirming acceptance of the exam application. The confirmation letter will provide a toll-free number and other scheduling information. You have 90 days in which to schedule the exam with JCAHPO's testing vendor.

JCAHPO does not control test site availability or exam scheduling. To avoid scheduling complications, please schedule your examination shortly after receiving the confirmation letter. The testing service will provide each candidate with a confirmation number that must be presented when you arrive at the test center on the day of your exam.

If you fail to schedule your exam within the 90-day eligibility period, you will forfeit your application fee. A new application will need to be submitted, including all fees.

• Eligibility Extensions, Appointment Changes, and Fee Refunds

JCAHPO's policies regarding scheduling, canceling, and changing appointments are:

1. If you fail to schedule an appointment within the eligibility period indicated in your confirmation letter, you will forfeit your application fee. A new application and examination fee are required to reapply for the examination.
2. Requests to cancel an application, before you have scheduled an appointment with the testing service, must be received in writing before the end of your 90-day eligibility period. A processing fee is retained.
3. To cancel a scheduled exam appointment, you must call JCAHPO's testing service at the toll-free telephone number you received with your acceptance letter no later than 12:00 noon Eastern time, two business days prior to your scheduled appointment.

For example:

If your appointment is scheduled for	You must call the testing service by 12 noon Eastern time on
Monday	Friday
Thursday	Tuesday

4. If you cancel within the allowed time period, you may either reschedule with the testing center or request a refund in writing from JCAHPO. All requests for refunds must be received before the end of your 90-day eligibility period and a processing fee is retained. No refunds will be issued for cancellations that do not conform to the above policy.
5. If you fail to appear for the examination or arrive at the test center more than 15 minutes late for your appointment, you will not be tested and you must pay a no-show fee prior to rescheduling your exam.
6. If you are not admitted to the test center for failure to provide proper identification, you will be charged a no-show fee, which must be paid prior to rescheduling your exam.
7. If you are unable to take the examination within the eligibility period indicated in your acceptance letter, you may apply for a one-time 30-day eligibility extension by submitting a written request and paying an extension fee (see the fee schedule included on pages 41-42). The written request must be received by the end of the 90-day eligibility period.
8. If you are unable to take the examination and cannot cancel or reschedule within the required time period due to a personal emergency, you may request consideration to reschedule the examination without paying an additional fee by contacting JCAHPO in writing within 15 days of the scheduled testing session. A description of the emergency must be included in the written request, and supporting documentation (for example, a doctor's excuse) must accompany the request. Rescheduling without an additional fee will be considered on a case-by-case basis.

Taking the Examination

JCAHPO and its testing service have strict procedures to make sure that every test is given under the same standardized procedures for everyone. For the best testing experience, please familiarize yourself with these procedures before you take the exam.

Computer-Administered Examinations

• Identification Requirements for Admission to the Test Center

To be admitted for testing, you will need to present two forms of identification, as well as the confirmation number you received when you scheduled the exam. One form of identification must be a government-issued ID with photo and signature (driver's license, passport, state ID card, etc.) The second form of ID must contain at least your signature (credit card, ATM card, student ID card, etc.) The name on both forms of ID must match the name on your exam application and your confirmation letter. If the names do not match, you may not be admitted for testing.

1. If you arrive more than 15 minutes late for your scheduled appointment time, you may not be admitted to the testing center and you may be charged a no-show fee.
2. After your identity has been confirmed (see Identification Requirements above), you will be escorted into the testing room and assigned a testing station. You may not bring any personal items with you into the testing room.
3. The center administrator will provide you with a pencil and scratch paper for use during testing. These must be returned to the test proctor after you complete the test.

Note: Steps 4-10 Steps 4-9 only pertain to candidates taking the multiple-choice examinations.

4. Before beginning the exam, a tutorial is presented to test-takers to become familiar with the computer and the test format. If you have any computer-related questions or concerns during the exam, just raise your hand for assistance.
5. One question at a time will appear on the computer screen with the option to either answer it or mark it for review. You can use either the mouse or the keyboard to enter your answer.
6. At the end of the exam, you may return to the items you marked, provided there is time remaining. You may also review the items you answered if time permits.
7. You must finish the exam within the time allowed. An onscreen timer will tell you how much time you have left. A warning will appear when there is only five minutes remaining on the exam.
8. After completing the examination, you will be asked to complete a short online survey about your testing experience. Comments are routinely reviewed by JCAHPO in an effort to continuously improve the certification examination process; however, JCAHPO will not respond directly to individual comments.
9. After the examination, an unofficial results report, indicating whether you passed or failed the exam will be provided. This report will include feedback on how you performed in each content area. Official examination results will be mailed by JCAHPO (see the "After the Examination" section below.)

Note: Steps 10-11 only pertain to candidates taking the computer-simulated Skill Evaluation and Performance Test.

10. A result report will not be provided at the conclusion of the exam. You will receive official notification from JCAHPO and a skill area performance feedback report within four weeks.
11. After completing the examination, you will be asked to complete a short online survey about your testing experience. Comments are routinely reviewed by JCAHPO in an effort to continuously improve the certification examination process; however, JCAHPO will not respond directly to individual comments.

Misconduct

Any candidate who engages in misconduct during the examination may be dismissed from test administration at the discretion of JCAHPO and/or its testing service. In the event a candidate is dismissed, JCAHPO reserves the right to cancel or invalidate the examination scores. Misconduct includes, but is not limited to, giving or receiving help during the examination, using notes or other study aids during the examination, removing or attempting to remove exam materials from the testing center, creating a disturbance, and attempting to take the examination for someone else.

After the Examination

- **Notification of Results**

For multiple-choice exam results, you will receive an unofficial examination result report immediately upon completion of the exam. This performance feedback report indicates the content areas where further study may be helpful.

Official results from all examinations are released by JCAHPO by mail approximately four to six weeks after the exam. Exam results will not be released via the telephone, e-mail or FAX.

- **Validation of Results**

JCAHPO is responsible for the validity and integrity of the examination results reported. On rare occasions, occurrences such as computer malfunction or misconduct by a candidate may cause an examination result to be suspect. JCAHPO reserves the right to invalidate and/or withhold examination results if, upon investigation, violations of JCAHPO's regulations are discovered.

Candidates are expected to cooperate fully in the investigation.

- **Use of the Credential**

After successfully completing all requirements for certification, you will be authorized to use the pertinent credential (i.e., COA, CCOA, COT, COMT, ROUB, or CDOS) after your name. You may continue to use the credential as long as you comply with recertification requirements. Please note: There is no credential for Ophthalmic Surgical Assisting certification as it is a sub-specialty certification.

- **Certification Documents**

As a certificant, you will receive a certificate and wallet card. Both contain your certification expiration date and JCAHPO ID number. To maintain certification past the expiration date, you must comply with recertification requirements.

- **Revocation of Certification**

Once certification has been granted, it may be revoked for disciplinary reasons. Conduct which may initiate disciplinary action may include, but is not limited to, supplying false information on the application or supporting documentation, engaging in inappropriate or dishonest conduct during the examination, or otherwise failing to comply with the JCAHPO Standards, Procedures and Sanctions Pertaining to Certification and Recertification (see pages 43-46).

Maintaining Certification

Techniques and practices in medicine and healthcare continually change. JCAHPO conducts a job task analysis every 3-5 years to validate the changes in technical knowledge and skill required to perform job functions at each level of certification. In order to assure that certificants continue to evolve with the industry's changing needs, the Certification Committee and Board of Directors established the recertification process; a process that requires you to keep current with new developments in the field of ophthalmology through continuing education credits or re-examination. Recertification enables you to demonstrate your continued knowledge to employers, peers and the general public.

An initial certification is valid for 36 months. After that period, recertification is required every three years to maintain the use of the credential. The recertification period begins exactly 36 months from the month and year that you successfully completed all requirements for initial certification. A reminder letter containing the number of credits needed for your level of certification will be issued approximately six-months prior to your recertification date.

To recertify, certificants must comply with continuing education (CE) requirements. All acceptable CE credits are classified as either Group A or Group B, and relate to knowledge needed to perform tasks identified in the JTA. Group A credits are pre-approved by JCAHPO based on medical and scientific content that is specific to, but not limited the exam blueprint. Group B credits are course related to ophthalmology but have little or no relation to the exam blueprint. Certificants who are applying for recertification may choose earning either all Group A credits, or a combination of Group A & B.

You can earn Group A credits by:

- Attending lectures, workshops, or distance-learning courses that have been awarded JCAHPO Group A credit on any of the content areas listed in this handbook.
- Completing an independent study course and quiz that has been awarded JCAHPO Group A credit on any of the content areas listed in this handbook.
- Completing topics on medical ethics, professionalism, coding and regulations that have been awarded JCAHPO Group A credit.
- Review certification exam preparation courses that have been awarded JCAHPO Group A credit.
- Teach or author courses awarded JCAHPO Group A credit. (1:1 basis).

You can earn Group B credits by:

- Attending lectures, workshops, or distance-learning courses that have been awarded JCAHPO Group B credit (topics not listed in this handbook).
- Completing independent study course and quiz that has been awarded JCAHPO Group B credit (topics not listed in this handbook).
- Attending Grand Rounds or Physicians' Continuing Medical Education (CME) in Ophthalmology, Category 1 courses approved by the American Medical Association (2 hours attended=1 credit for COAs, CCOAs, and COTs, and 1 hour attended=1 credit for COMTs.) Courses approved by the Canadian Medical Association are also acceptable in this category on the same basis as above.
- Participating in self-study (4 hours study=1 credit).

You can read journals and books, listen to audiotapes, watch videotapes or CD ROMs, or attend courses that were not awarded credit by JCAHPO or the AMA as long as the topics are related to ophthalmology.

For self-study credits, you must provide complete information on your recertification application showing a list of the materials studied, title and author, the month and year you completed the self-study, and the amount of time spent completing it.

- Teach a course carrying JCAHPO B credit (1 hour taught=1 credit)
- Author or co-author a scientific publication and/or poster. JCAHPO reviews submissions for consideration of credit. Maximum of 5 credits for first author and 3 credits for co-author. Contact JCAHPO Education Department for more details.
- Achieve CPR certification. You can count one Group B credit per card for CPR certification for a maximum of 3 Group B credits per CE cycle.

Sources of CE Credit

JCAHPO publishes a listing of all programs awarded CE credit, including independent study courses with quizzes. The list is published on the JCAHPO Web site, www.jcahpo.org. Information on CE opportunities, including distance learning options (audio tapes, videotapes, magazine articles, on-line courses), is also posted on the Web site.

Recertification Application Process

JCAHPO will mail you a recertification reminder approximately six months prior to your recertification date; however, it is your responsibility to be aware of and comply with recertification requirements. The expiration date of the certification cycle is published on your certificate and wallet card.

At the end of your certification cycle, you are required to submit the recertification application accompanied by supporting documentation and pay the recertification fee listed in the JCAHPO's fee schedule. The recertification application must be postmarked no later than the last day of the last month in your certification cycle.

Your recertification application must include:

- The signature/endorsement of your sponsoring ophthalmologist to verify that he/she knows you, confirm your continued knowledgeable and skill in the field, and that you are working within established JCAHPO guidelines.
Note: CCOAs are not required to have a sponsoring ophthalmologist. CCOAs must include their supervisor's signature on their application. ROUBs and CDOSs may have a supervising physician as their sponsor.
- A list of all CE credits earned, signed by you to verify that you have completed the required continuing education.

The first time you apply for recertification or if you submit a recertification application late, you must provide proof of your attendance or participation at all CE courses listed on your application.

JCAHPO conducts random audits of recertification applications, requesting proof of attendance and participation at all CE courses listed on the application. Please retain all documentation of your attendance in case you are audited. Once you have received your certificate and wallet card, there is no need to retain documentation except for your own records.

Alternative to CE Credits for Recertification

You may apply to take a multiple-choice computer-administered exam at your current core certification level in lieu of earning CE credits during your certification period. To be recertified using the examination option, you must successfully complete the multiple-choice examination appropriate for your current level. In order to avoid a lapse in your certification, the exam must be completed before the expiration of your certification. The Skill Evaluation or Performance Test do not need to be repeated.

Please contact the Certification Department for an application and more details if you plan to pursue this method of recertification.

Non-Certified Status

If you do not apply for recertification or miss the recertification application deadline, you will be placed on non-certified status. Individuals who are placed on non-certified status are not permitted to represent themselves as JCAHPO-certified personnel; and they may not utilize the credential after their name on business cards, stationery, name badges, etc.

From the time you are placed on non-certified status, you will have 12 months to apply for recertification before your credential becomes revoked. Within that 12-month period, the number of continuing education credits required to recertify your credential do not increase, but an \$85 late fee will be assessed.

You may choose to take the multiple-choice exam at your previous core certification level in lieu of earning CE credits. The exam must be successfully completed within 12 months from the time you are placed on non-certified status. The Skill Evaluation or Performance Test do not need to be repeated. Please contact JCAHPO for an application and more details if you plan to pursue this method of recertification.

Please note: Certificants will not receive new recertification dates when they recertify within the 12-month InActive status.

Example: Jennifer's COMT certificate is dated September 30, 2005 through September 30, 2008. She is not ready to complete her recertification application by her deadline.

- If her recertification application is processed and accepted after September 30, 2008, and before September 30, 2009 (one year late), no additional credits are needed, but a late fee is assessed.
- Even if Jennifer recertified September 1, 2009, her next recertification cycle is still September 30, 2008 through September 30, 2011 and all credits will need to be earned during that time period. Any credits that Jennifer earned between September 30, 2008, and before September 30, 2009, that were not used to satisfy her original recertification, may be carried over.

If your non-certified status continues for longer than 12 months, your certification will be considered revoked. Please contact the JCAHPO Certification Department to discuss your reinstatement options.

Denial of Recertification

If, during the process of applying for recertification, allegations of a violation of the JCAHPO Standards, Procedures, and Sanctions Pertaining to Certification and Recertification are investigated and proven true, this may result in the denial of recertification, either on a temporary or permanent basis, depending on the circumstances. Certificants are expected to fully cooperate with the investigation. See pages 43-46 for more information.

Hardship Cases

Individuals who have failed to comply with recertification requirements due to hardship have an opportunity to request a review of their case. A written request must be submitted to the Secretary of Certification.

The request must be postmarked within 30 days of your recertification deadline and include detailed supporting documentation regarding the hardship. Examples of hardship include health and extended active duty with the military.

Appeal Procedure

Any candidate may appeal determinations related to initial exam ineligibility, examination results or recertification audits. The appeal must be in writing and received within 30 days of being notified of examination results, audit or ineligibility. The appeal should be addressed to the Secretary of Certification and include: a detailed written explanation of the grounds for your appeal, any evidence or documentation to support the reason a decision should be overturned, and the appeal fee noted on pages 41-42. The burden of proof is the responsibility of the applicant.

JCAHPO's Secretary of Certification will submit the appeal to members of the Certification Committee for review, and a written notification of the Committee's decision will be mailed in four to six weeks. If the initial appeal is denied, you may appeal to the JCAHPO Board of Directors within 30 days. The Board's decision will be final and binding.

Exam Sites for Computer-Administered Exams

JCAHPO's computer-administered examinations are administered at Thomson Prometric Test Centers. The listing below is current as of September 2008 and is subject to changes without notice. Check either JCAHPO's or Thomson Prometric's Web site for a current list (<http://www.jcahpo.org> or <http://www.prometric.com>).

ALABAMA Birmingham Dothan Mobile Montgomery	Sarasota Tallahassee Tampa Temple Terrace	MARYLAND Baltimore Bethesda Columbia Lanham Salisbury Towson	NEW MEXICO Albuquerque Las Cruces Santa Fe	SOUTH CAROLINA Aiken Charleston Columbia Florence Greenville Rock Hill	WYOMING Casper
ALASKA Anchorage	GEORGIA Athens Atlanta Columbus Macon Marietta Savannah Valdosta	MASSACHUSETTS Boston Brookline Burlington Lowell West Springfield Worcester	NEW YORK Albany Brooklyn Buffalo East Syracuse Melville New York City Poughkeepsie Queens/Rego Park Rochester Vestal Westbury White Plains	SOUTH DAKOTA Rapid City Sioux Falls	U.S. TERRITORIES GUAM Hagatna
ARIZONA Casa Grande Flagstaff Goodyear Phoenix Tempe Tucson	HAWAII Honolulu	MICHIGAN Ann Arbor Grand Rapids Lansing Livonia Sault Ste Marie Troy	NORTH CAROLINA Asheville Charlotte Greensboro Greenville Raleigh Wilmington	TENNESSEE Chattanooga Clarksville Cordova Franklin Knoxville Madison Memphis	PUERTO RICO Guaynabo
ARKANSAS Arkadelphia Fort Smith Little Rock	IDAHO Garden City Pocatello	MINNESOTA Duluth Edina Rochester Woodbury	NORTH DAKOTA Bismarck Fargo	TEXAS Abilene Amarillo Austin Beaumont Bedford College Station Corpus Christi Dallas El Paso Houston Lubbock McAllen San Antonio Tyler Waco Wichita Falls	U.S. VIRGIN ISLANDS Christiansted
CALIFORNIA Alameda Anaheim Camarillo Culver City Diamond Bar Fair Oaks Fremont Fresno Gardena Glendale Lake Forest Rancho Cucamonga Redlands San Diego San Francisco San Jose Santa Rosa South San Francisco Van Nuys	ILLINOIS Carterville Champaign Chicago Deerfield Homewood Lombard Peoria Springfield Sycamore	MISSISSIPPI Jackson Tupelo	OHIO Beavercreek Cincinnati Cleveland Maumee Mentor Niles Stow Strongsville Worthington	UTAH Lindon Saint George Salt Lake City Taylorsville	CANADA Burnaby Calgary Edmonton Halifax Hamilton Kitchener London Montreal Ottawa Saskatoon St. Johns Toronto Winnipeg
COLORADO Colorado Springs Grand Junction Greenwood Village Longmont	INDIANA Carmel Evansville Fort Wayne Indianapolis Lafayette Merrillville Mishawaka Terre Haute	MISSOURI Jefferson City Kansas City Lee's Summit Springfield St. Joseph St. Louis	OKLAHOMA Oklahoma City Tulsa	VERMONT Williston	
CONNECTICUT Glastonbury Hamden Norwalk	IOWA Ames Bettendorf Iowa City Sioux City West Des Moines	MONTANA Billings Helena	OREGON Eugene Portland Redmond	VIRGINIA Bristol Fairfax GlenAllen Lynchburg Newport News Roanoke	
DELAWARE New Castle	KANSAS Hays Overland Park Pittsburg Topeka Wichita	NEBRASKA Columbus Kearney Lincoln Omaha Scottsbluff	PENNSYLVANIA Allentown Clarks Summit Conshohocken Erie Harrisburg Lancaster Monroeville Philadelphia Pittsburgh York	WASHINGTON Mountlake Terrace Puyallup Spokane	
DISTRICT OF COLUMBIA Washington, D.C.	KENTUCKY Lexington Louisville	NEVADA Las Vegas Reno	RHODE ISLAND Warwick	WEST VIRGINIA Charleston Morgantown	
FLORIDA Boca Raton Coral Springs Davie Fort Myers Gainesville Jacksonville Maitland Miami	LOUISIANA Alexandria Baton Rouge Bossier City Metairie MAINE Bangor South Portland	NEW HAMPSHIRE Concord Portsmouth		WISCONSIN Brookfield Madison	

Application for Examination



Please type or print clearly.

Please refer to the *Criteria for Certification and Recertification* handbook for instructions on completing this application.

1 Examination Type

Please check the examination for which you are applying: COA COT COMT Ophthalmic Surgical Assisting
 ROUB CCOA CDOS

Please check one of the following:

- This is my first time applying for this exam.
- I have taken this exam previously - Last test date: _____ (month / year)
- I am taking this exam to recertify my credential in lieu of continuing education credits.

2 JCAHPO Identification Number (if applicable)

ID# _____

3 Applicant Your name will appear on your certification as written here.

IMPORTANT: *The name on your two forms of identification that will be presented at the testing center when you take the exam must match exactly the name provided below. See page 31 of the Criteria handbook for more information.*

Name: Mr. Mrs. Ms.

Date of Birth: (mm/dd/yy) ____/____/____

First Middle Last Suffix Former name (if applicable)

Home Address: _____ Apt. # _____

City State Zip Code Country

Telephone: _____ Home Business

E-mail: _____ FAX: _____

Note: Notify JCAHPO® of any name or address changes. See page 4 of the Criteria handbook for more information. Official examination results will be mailed to your home address.

Applicant's highest educational credential completed. (Check one box and indicate subject/discipline as appropriate.)

- High school diploma Two-year college (Associate) degree Bachelor's degree Master's degree Other: _____

Subject/Discipline: _____

Applicant's occupational background (Check all that apply.)

- Certified Orthoptist Contact Lens Technician Ophthalmic Photographer Optician Registered Nurse Other: _____

4 Eligibility

Note: Your application will not be processed if the appropriate section below is not completed. See pages 3-4 of the *Criteria* handbook for further explanation of the eligibility criteria. Supporting documentation of your education (such as a transcript or a copy of a certificate of completion) must be attached.

COA Applicants - Check only one box.

- Graduate of formal clinical training program (A1)
- Graduate of formal training program and work experience (A2)
- Completion of independent study course and work experience (A3)

COT Applicants - Check only one box.

- Graduate of formal training program (T1)
- Currently certified as a COA and work experience (T2)
- Currently certified as an orthoptist and work experience (T3)

COMT Applicants - Check only one box.

- Graduate of formal training program and two or more years of college education (TG1)
- Graduate of formal training program, less than two years of college education, and work experience (TG2)
- Currently certified as a COT and work experience (TG3)
- Currently certified as an orthoptist and work experience (TG4)

Ophthalmic Surgical Assisting - Check only one box.

- Graduate of formal clinical training program (SA1)
- On-the-job training (SA2)

ROUB Applicants

- Graduate of formal training program (R1)
- Currently certified by JCAHPO at any core level and work experience (R2)
- Earned CE credits in classroom setting, hands-on course, and work experience (R3)

CDOS Applicants

- Graduate of formal training program (B1)
- Currently certified by JCAHPO at any core level and work experience (B2)
- Earned CE credits in classroom setting, hands-on course, and work experience (B3)

CCOA Applicants

- Completion of independent study course and current employment with supplier of ophthalmic products and/or services.

I comply with the criteria that corresponds to the selection made above and have attached copies of the required documentation.

X _____
Signature Date

5 Payment

Indicate method of payment (please refer to the fee schedule for amount):

Check/Money Order (drawn on a U.S. bank, in U.S. dollars, payable to JCAHPO) VISA MasterCard Discover American Express

If payment is by credit card, please provide the following information:

Security Code: _____

Card Number: _____

Expiration Date (month / year): ____ / ____

Payer's Name (please print): _____ Authorized Signature: X _____

Payer's Billing Address: _____ Payer's Zip Code _____

6 Responsibility Statement

JCAHPO's Responsibility for Certification and Recertification of Medical Personnel Performing Technical Ophthalmic Services for Ophthalmologists

JCAHPO is the federated organization of ophthalmological societies and associations which has been charged with certain responsibilities related to the education and utilization of allied health personnel in ophthalmology. To implement these goals, JCAHPO has established criteria for training, examination, certification, and utilization at various levels of expertise for ophthalmic medical personnel.

Certification by JCAHPO indicates ONLY that the individual has fulfilled the eligibility requirements and successfully completed an examination for which the individual qualifies. Certification by JCAHPO does NOT imply, by any criteria, that the individual is qualified as an independent practitioner.

AGREEMENT OF CERTIFICATION AND RECERTIFICATION

As an applicant for certification or recertification from JCAHPO, I agree to the following:

Numbers 1 and 2 applicable to COA, COT, COMT, Ophthalmic Surgical Assisting, and ROUB applicants only.

- 1. I shall perform, to the best of my ability, those technical ophthalmic services specifically delegated to me by a sponsoring ophthalmologist/physician according to his or her directions, instructions, and prescriptions.
2. I shall provide technical ophthalmic services only in the office of my sponsoring ophthalmologist/physician, a medical clinic, or other medical facility.

Number 3 applicable to CCOA applicants only

- 3. I am currently employed by a corporation that does business within the ophthalmic community and, in my position, I will be interacting with ophthalmic professionals on a continuing basis.

Numbers 4-9 applicable to all applicants

- 4. I authorize JCAHPO to communicate any violation of its rules or standards by me, my status of application or certification, and any matter involving me to state and federal authorities, employers, training programs, and others.
5. I agree not to make and to correct immediately any statements concerning my certification status which are or which become untrue or misleading. I agree to provide JCAHPO confirmation as requested by JCAHPO.
6. I release JCAHPO, its officers, directors, agents, employers, committee members, and others for disciplinary action taken in good faith pursuant to the rules, standards, procedures, and sanctions of JCAHPO.
7. I authorize JCAHPO in its discretion to request information concerning matters relevant to this application and my certification, recertification, and review of certification.
8. I have received and read the rules, standards, procedures and sanctions of JCAHPO. I comply with and agree to be bound by them.

9. Please respond to the following questions:

Yes No Have you ever had a certification or license suspended or revoked?

Yes No Have you ever been dismissed from a job because of alcohol or other drug dependency?

Yes No Have you ever been convicted of a crime?

If the answer to any question in Number 9 is "Yes," include a statement of explanation with the application.

I affirm that all statements made in the above application are true. (Sign and date below.)

X Applicant's Signature Date

7 Employer

All applicants, other than CCOA applicants, complete section A. CCOA applicants complete section B.

SECTION A (for COA, COT, COMT, Ophthalmic Surgical Assisting, and ROUB applicants)

Clinic Name: _____

Main Clinic Street: _____ City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

Clinic Manager: _____

First

M.I.

Last

Employer's Practice Setting (Check all that apply)

- Private, Solo
- Private, Group: Number of Physicians 2-5 6-10 11 or more
- Hospital Clinic or HMO
- University Clinic
- Other: _____

Employer's Main Subspecialty (Check only one)

- Cataract and IOL
- Glaucoma
- Ophthalmic Plastic/Reconstructive Surgery
- Refractive Surgery
- Comprehensive Ophthalmology
- Low Vision
- Optical Dispensing
- Retina and Vitreous Disease
- Contact Lenses
- Neuro-Ophthalmology
- Pediatric Ophthalmology/Strabismus
- Other: _____
- Cornea and External Diseases
- Ophthalmic Pathology

SECTION B (for CCOA applicants only)

Supervisor's Name: _____

First

M.I.

Last

Company Name: _____

Main Company Address: _____

Product or Service Provided: _____ Supervisor's E-Mail: _____

Applicant's Job Title: _____

8 Sponsor/Employer Endorsement

SPONSORING OPHTHALMOLOGIST ENDORSEMENT FOR COA, COT, COMT, ROUB, CDOS APPLICANTS ONLY

PLEASE CHECK ONE OF THE FOLLOWING: The applicant works under my direct supervision. The applicant has my sponsorship.

(The sponsoring ophthalmologist (or physician for ROUB or CDOS) attests that he/she knows the individual applicant, certifies that the individual is knowledgeable and skilled in the field, and that the individual is working within established JCAHPO guidelines for ophthalmic medical personnel.)

I am an ophthalmologist (or physician for ROUB or CDOS), licensed to practice medicine in: _____
 State or Province My license number

X _____
 Sponsor's Signature Date

Sponsor's Name (Please print): _____
 First Middle Last

Same as your employer address (if not, please complete below)

Clinic Name: _____

Clinic Address: _____

City State Zip Code Country

Telephone: (_____) _____ FAX: (_____) _____

EMPLOYER'S ENDORSEMENT (CCOA APPLICANTS ONLY)

The employer/supervisor attests that he/she knows the individual applicant, certifies that the individual is knowledgeable and skilled in the field, and that the individual is working within established JCAHPO guidelines.

X _____
 Employer's Signature Date

9 Release of Examination Data

JCAHPO reserves the right to use, for any purpose, all examination data in aggregate reports related to exam performance. Release of such data will not include names or personal, identifiable information. Examples of the purposes, for which such data might be used include, but are not limited to: JCAHPO research projects, grants, and formal training program reports.

Information regarding whether or not you are actively certified is public and may be verified or accessed by anyone.

If you wish to authorize JCAHPO's release of your individual, identifiable data (name) to any source, please contact JCAHPO, in writing, with the name of the intended recipient and the time period in which release can be made.

Compliance with the Americans with Disabilities Act (ADA)

In compliance with the ADA, JCAHPO will provide reasonable accommodations for candidates with disabilities who cannot take the examination under the usual testing conditions. Disabled individuals must provide notice and appropriate documentation (at the applicant's expense) of their disability when applying for the examination.

If accommodations are necessary for you to complete a JCAHPO examination due to functional limitations imposed by a disability, you will be required to complete and return a questionnaire. Questionnaires must be submitted with proper documentation and included with the examination application.

Application Checklist

Before mailing your application, please be sure that the following have been included:

- A copy of documentation showing successful completion of a formal educational training program or independent study course, if applicable.
- A copy of verification of college credits or JCAHPO continuing education credits, if applicable.
- Ophthalmic Surgical Assisting applicants only: A copy of a document showing official accreditation of the surgical facility by a nationally-recognized accrediting agency, if applicable.
- Completion of the appropriate eligibility criteria box, question #9 on section 6, and your signature on application page 2 of 4.
- COA, COT, COMT, Ophthalmic Surgical Assisting, ROUB, and CDOS applicants: Your sponsor's signature (application page 3 of 4). Your sponsor must be an ophthalmologist. If you are applying for the COA, COT, COMT, or Surgical Assisting Exam. ROUB and CDOS applicants may have any physician serve as their sponsor. Original signatures are required - signature stamps or computerized digitized signatures are not accepted.
- CCOA applicants only: Your supervisor's signature (application page 3 of 4). Original signatures are required - signature stamps or computerized digitized signatures are not accepted.
- Examination fee, payable to JCAHPO in U.S. dollars. (Refer to fee schedule). All applications denied due to not meeting the eligibility requirements or incomplete applications, will not receive a refund of the exam fee.

NOTE: Please retain a photocopy of your application. If any of the above-mentioned items are missing or incomplete, your application will not be processed. Mail (DO NOT FAX) your application to:

**JCAHPO
2025 Woodlane Drive
St. Paul, MN 55125-2998**

Once your application is accepted, you will be assigned a 90-day eligibility period. You must schedule and take your examination during this period. This eligibility period, along with information on how to schedule your exam, will be provided to you in a confirmation letter you will receive after your application is accepted.

Certification Fee Schedule and Timeline

(NEW FEES EFFECTIVE 1/01/09)



EXAMINATION FEES				
CERTIFICATION LEVEL	DETAILS	Multiple-choice	Skill Evaluation	Performance Test
COA/CCOA	To avoid ineligibility or a change in eligibility requirements, the application must be received within a specified time after completion of a training program - refer to the Criteria handbook for the specific time frame. COMT candidates will be notified of deadlines for applying for the Performance Test.	\$300 \$250-Retest		
COT		\$325-1 Multiple-choice AND 1 Skill Attempt \$275-1st retest \$150-2nd re-test	\$85-Practice test \$85-Re-test/per attempt	
COMT		\$340 \$290 Re-test	\$85	
SURGICAL ASSISTING		\$145 \$95 Re-test		
ROUB		\$200 \$150 Re-test		
CDOS		\$200 \$150 Re-test		

RECERTIFICATION		
Recertification application submitted by certificant to JCAHPO for processing	Postmarked on or before the last day of the last month in recertification cycle.	\$115 COA, COT, COMT, SA, CCOA, ROUB, CDOS
Submitting recertification application during the first 12 months after the recertification date	Postmarked within 12 months of recertification date.	\$85 late fee
Appeal denials	Postmarked within 30 days of denial.	\$50
Cancelling recertification application	This is the non-refundable portion of the recertification fee.	\$50
Denial of recertification application (Does not meet eligibility requirements or application is incomplete)	No refund will be issued.	
Declined credit card transaction or receipt of non-sufficient funds (NSF) check		\$25

OTHER		
Confirmation letters mailed by JCAHPO for computer-administered exams	Within 2 to 4 weeks of receiving an application.	
Appeal ineligibility	Postmarked within 30 days of notification of ineligibility.	\$50
Requesting special consideration	Note: Special consideration requests may take up to 8 weeks to process.	
Taking computer-administered exams	Exam must be taken within 90-day eligibility period provided in confirmation letter.	
Cancelling application ³	Request must be received within 90-day eligibility period. (This is the non-refundable portion of the exam fee.)	\$75
Canceling/rescheduling exam appointment	Prometric must be called by 12 noon Eastern 48 hours prior to exam date. No-show fee if not canceled/rescheduled within time frame.	\$85 Multiple-choice exam \$55 Skill evaluation
Extending eligibility period Note: Only one extension of the 90-day eligibility period is allowed.	Request must be received within 90-day eligibility period.	\$50
Appealing examination results	Postmarked within 30 days of examination results.	\$50
Denied application (Does not meet eligibility requirements or application is incomplete)	No refund will be issued.	

¹A full practical exam is one in which all of the required skill/performance areas must be completed.

²A conditioned practical exam is a repeat administration in which the candidate is required to complete only a subset of the required skill/performance areas.

³Candidates who cancel applications must reapply (and meet current eligibility requirements) if they wish to pursue certification in the future. In the event a candidate already has an exam appointment and wishes to cancel an application, the candidate must contact Prometric to cancel their appointment in addition to canceling the application through JCAHPO. Failure to cancel the appointment will result in the assessment of a no-show fee.

JCAHPO® Standards, Procedures, and Sanctions

Pertaining to Certification and Recertification

I. BASIC PRINCIPLES

The Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO®) is an organization of ophthalmological societies and associations. JCAHPO has established criteria for training, examination, certification, recertification and utilization at various levels of expertise for Ophthalmic Medical Personnel.

Certification by JCAHPO means that the individual has fulfilled the educational requirements pertaining to specifically delegated technical ophthalmic services under the direction of an employing ophthalmologist, either in his or her private office, a medical clinic, a hospital, or other medical facility. JCAHPO certification does not warrant the competence or job performance of certificants.

Certification by JCAHPO is a non-exclusive and non-transferable right to use the applicable JCAHPO certification designation(s) for the certification period, so long as the certificant remains in compliance with all JCAHPO rules and requirements. JCAHPO reserves the right to revise its rules and requirements at any time.

References herein to "individual(s)" include applicants for certification and recertification and current JCAHPO certificants.

II. ELIGIBILITY FOR CERTIFICATION AND RECERTIFICATION

- A. No individual may apply for certification or recertification, or maintain certification, unless they comply with all JCAHPO rules and standards. Certification or recertification may be denied, revoked or otherwise affected for non-compliance with JCAHPO rules and standards.
- B. The individual must truthfully complete and sign an application in the form provided by JCAHPO and shall provide additional information as requested. The individual must notify JCAHPO within thirty (30) days of occurrence of any change in name, address, telephone number, and any facts bearing on eligibility, certification, or recertification (including but not limited to: (i) disciplinary action by a professional licensing board or professional organization; (ii) indictment, arrest, conviction, or plea of guilty to any felony or misdemeanor; and (iii) any mental or physical condition which impairs the individual's ability to render objective and competent professional performance). Applicants must refrain from and/or correct any statement concerning their certification status which is or becomes untrue or misleading.

Upon receipt of notice of any information referenced in paragraph II B above, or any other information bearing upon the individual's certification status, JCAHPO may: (i) Request additional information from the individual, including, but not limited to, court records, evidence of rehabilitation, and related medical documentation; and/or (ii) Refer the matter to the Disciplinary Review Committee pursuant to Section VI of these rules.

- C. In applying for certification and recertification, and in maintaining current certification, all individuals agree that:
 1. The individual will not use in any way the examinations, certificates, cards, logos, and emblems of JCAHPO, the name "Joint Commission on Allied Health Personnel in Ophthalmology, Inc.", the term "JCAHPO", and abbreviations

relating thereto, and JCAHPO's certification designations without the express prior written consent of JCAHPO.

2. The individual shall immediately relinquish, refrain from using, and correct, at the individual's expense, any outdated or other inaccurate use of any JCAHPO certificate, card, logo, emblem, name, and related abbreviations in case of suspension, limitation, or revocation by JCAHPO or as otherwise requested by JCAHPO.

D. Unauthorized Use of JCAHPO's Designations and Property

JCAHPO will enforce all rights and legal remedies against any individual found to have misrepresented that they are certified by JCAHPO when they are not, or found to have engaged in unauthorized use or misappropriation of JCAHPO property (as described in Section II.C above). JCAHPO may suspend eligibility for certification in such instances and may require the payment of damages and expenses, including attorney's fees, and a showing of rehabilitation before certification eligibility is permitted.

III. JCAHPO EXAMINATIONS

All examinations are delivered in English.

Where questions concerning a test score are raised, individuals are required to cooperate in any JCAHPO review or investigation. JCAHPO reserves the right to disregard or nullify any examination score if, in the sole opinion of JCAHPO, there is adequate reason to question the validity of the score. JCAHPO in its discretion may: (i) offer the individual an opportunity to take the examination again at no additional fee, (ii) offer the individual an opportunity to take the examination again in the ordinary course, including payment of all fees; or (iii) proceed as described in Section VI, below. No detail concerning the candidate's performance on specific examination items or the candidate's examination score will be provided. All examination information and materials are confidential and will not be released to the candidate.

IV. REVIEW OF APPLICATION AND CERTIFICATION

- A. Grounds for Action. The following are grounds for JCAHPO to deny, revoke, or otherwise act upon certification or recertification eligibility:
 1. Obtaining or attempting to obtain certification or recertification for oneself or another by fraud or deception of material fact in an application or any other communication to JCAHPO, including but not limited to: (a) misstatement of a material fact, and (b) failure to make statement of a material fact, or (c) failure to provide information requested by JCAHPO.
 2. Providing or attempting to provide ophthalmic services except as specifically delegated by an ophthalmologist.
 3. Misrepresentation of JCAHPO certification or certification status, including but not limited to falsification of documents, use of credential while on non-certified status, and use of credentials without attainment.
 4. Irregularity in connection with any JCAHPO examination, including but not limited to copying answers or permitting another to copy answers for any examination.

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5. Unauthorized distribution of, possession of, use of or access to pertinent materials or information regarding questions or answers relating to any JCAHPO examination or other confidential JCAHPO documents.
 6. Gross or repeated negligence or malpractice in providing ophthalmic care.
 7. Personal use of alcohol or any drug or substance to a degree which impairs professional performance providing ophthalmic care.
 8. Any physical or mental condition which impairs competent professional ophthalmic care performance.
 9. Physical or sexual abuse of a patient.
 10. The conviction of, plea of guilty, or plea of nolo contendere to a crime which is directly related to public health, safety, or professional performance providing ophthalmic care.
 11. Failure to cooperate reasonably with any JCAHPO investigation of a disciplinary matter.
 12. Unauthorized disclosure of confidential information.
- B. Sanctions may be applied for violations of any of the above grounds for discipline as set forth in Section VI, below.

V. DISCIPLINARY REVIEW COMMITTEE

The Disciplinary Review Committee is composed of three members, all of whom are members of the Certification Committee. A committee member may not serve on any matter in which his or her impartiality or the presence of actual or apparent conflict of interest might reasonably be questioned. It is the responsibility of the committee member to identify any potential conflict and to disclose all appropriate facts to the Chair of the Certification Committee, who shall have final authority to determine whether the Disciplinary Review Committee member shall be replaced for that hearing.

VI. REVIEW PROCEDURES

A. Submission of Allegations

1. Allegations of a violation of JCAHPO disciplinary rules are to be referred to JCAHPO for disposition. A person concerned with possible violation of JCAHPO rules (the "complainant") must identify the person(s) alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible, with available documentation, in a written statement addressed to JCAHPO's Executive Director. The statement should identify by name, address, and telephone number the person making the information known to JCAHPO and others who may have knowledge of the facts and circumstances concerning the alleged conduct. The complainant may be required to supplement the information provided, or to provide a written complaint, notarized affidavit, release, or other documentation.

2. If a complainant is not available but the Executive Director has reason to believe there may have been a violation of a JCAHPO rule, the Executive Director may still refer the matter to the Disciplinary Review Committee.
3. The Executive Director shall make an initial determination of the allegations of violation. The Executive Director shall determine whether (a) the allegations fail to state a violation of JCAHPO's rules, or (b) good cause may exist to deny eligibility or question compliance with JCAHPO's rules. If the Executive Director determines that the allegations fail to state a violation of JCAHPO rules, no further action shall be taken and the Board and complainant (if any) shall be notified of this decision. Appeals of such decisions by complainants may be made in the manner described in Section VII B and C except that no fees shall be paid and no written decision shall be necessary. The Executive Director may not appeal a decision in a matter where there was no complainant.
4. If the Executive Director determines that a legitimate question of compliance with JCAHPO rules has been presented, the Executive Director shall transmit the allegations to the Disciplinary Review Committee.

B. Procedures of the Disciplinary Review Committee

1. The Disciplinary Review Committee shall review the allegations. If the Committee determines after such review that the complaint does not justify further inquiry into possible violation of JCAHPO disciplinary rules, no further action shall be taken. The Board and the complainant (if any) shall be so informed. Appeals of such decisions may be made in the manner described in Section VII B and C except that no fees shall be paid and no written decision shall be necessary. The Executive Director may not appeal a decision in a matter with no complainant.
2. If the Committee finds by majority vote that good cause exists to question whether a violation of a JCAHPO rule has occurred, the Committee shall transmit a statement of allegations to the applicant or certificant by certified mail, return receipt requested, setting forth the applicable standard alleged to have been violated and a statement:
 - a. Of facts constituting the alleged violation of the standard;
 - b. That the applicant or certificant may request an oral hearing for the disposition of the allegations, with the applicant or certificant bearing his or her own expenses for such matter;
 - c. That the applicant or certificant shall have fifteen (15) days after receipt of the statement to notify JCAHPO if he or she disputes the allegations and/or requests an oral hearing on the record;

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- d. That the applicant or certificant may attend the hearing with or without the assistance of counsel, may question any witness, and produce evidence on his or her behalf;
- e. That the truth of allegations or failure to respond may result in sanctions including revocation; and
- f. That if the applicant or certificant does not dispute the allegations or request a hearing, the applicant or certificant consents that the Disciplinary Review Committee may render a decision and apply available sanctions. (Available sanctions are set out in VI D.)

3. JCAHPO will not review such an application for certification until the Disciplinary Review Committee and/or the JCAHPO Board of Directors renders a final decision on the complaint authorizing staff to proceed with reviewing the application.

4. Where an applicant or certificant has failed to respond to a complaint in the manner provided for above, or does not dispute the allegations or request a hearing, the applicant or certificant consents that the Disciplinary Review Committee may render a decision and apply available sanctions (set out in VI D).

C. Hearing Procedures

If the applicant or certificant disputes the allegations or requests a hearing:

1. The Disciplinary Review Committee shall:
 - a. Schedule a hearing after the request is received, allowing for an adequate period for preparation for the hearing; and
 - b. Send by certified mail, return receipt requested, a Notice of Hearing to the applicant or certificant. The Notice of Hearing shall include a statement of the time and place of the hearing as selected by the Disciplinary Hearing Committee. The applicant or certificant may request modification of the date of the hearing for good cause.
2. The Disciplinary Review Committee shall maintain a verbatim oral or written transcript.
3. JCAHPO and the applicant or certificant may consult with and be represented by counsel, make opening statements, present documents and testimony, question witnesses, make closing statements, and present written briefs as scheduled by the Disciplinary Review Committee. The extent of this activity is at the complete discretion of the Disciplinary Review Committee.
4. The Disciplinary Review Committee shall determine all matters relating to the hearing. The hearing and related matters shall be determined on the record by majority vote.

5. Formal rules of evidence shall not apply. Relevant evidence may be admitted. Disputed questions shall be determined by majority vote of the Disciplinary Review Committee.
6. Proof shall be by preponderance of the evidence.
7. Whenever mental or physical disability is alleged, the applicant or certificant may be required to undergo a physical or mental examination at the expense of the applicant or certificant. The report of such an examination shall become part of the evidence considered.
8. The Disciplinary Review Committee shall issue a written decision following the hearing and any briefing. The decision shall contain factual findings, conclusions and any sanctions applied. It shall be mailed promptly by certified mail, return receipt requested, to the applicant or certificant.

D. Sanctions

Sanctions for violation of any JCAHPO rule may include one or more of the following:

1. Denial or suspension of eligibility;
2. Re-examination or suspension from the examination process for one (1) year;
3. Revocation;
4. Non-renewal;
5. Censure;
6. Reprimand;
7. Suspension;
8. Training, education, treatment, or other corrective action;
9. Probation for up to five (5) years; and
10. Conditions relating to the above.

A failure to comply with conditions of sanctions (such as corrective action) may result in a re-evaluation of sanctions by the committee issuing the sanctions.

VII. APPEAL PROCEDURES

- A. If the decision of the Disciplinary Review Committee finds that the allegations are not established, no further action on the appeal shall occur and the individual shall be notified.
- B. If the decision rendered by the Disciplinary Review Committee is not favorable to the applicant or certificant, and the applicant or certificant alleges that the decision of the Disciplinary Review Committee was arbitrarily or capriciously rendered, the decision may be appealed to the JCAHPO Board of Directors. The ground for appeal is limited to only those adverse decisions alleged to have been arbitrarily or capriciously rendered. The applicant or certificant may appeal the adverse determination by submitting a written appeals statement within thirty (30) days following receipt of the decision of

JCAHPO® Standards, Procedures, and Sanctions

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the Disciplinary Review Committee. A fifty dollar (\$50) filing fee must accompany the written appeals statement. This fee may be waived in instances of documented and severe financial hardship. JCAHPO, through its Executive Director or a designee, may file a written response to the statement of the applicant or certificant.

C. The JCAHPO Board of Directors by majority vote shall render a decision on the record below without hearing, although written briefs or other submissions may be submitted at the request and discretion of the JCAHPO Board of Directors.

D. The decision of the JCAHPO Board of Directors shall be rendered in writing following any briefing. The decision shall contain factual findings, conclusions and any sanctions applied and shall be final. (Available sanctions are set out in Section VI D 1-10, above.) The decision shall be transmitted to the applicant or certificant by certified mail, return receipt requested.

VIII. SUMMARY PROCEDURE

Whenever JCAHPO determines that there is cause to believe that a threat of immediate and irreparable injury to the health of the public exists, such allegations shall be forwarded to the Disciplinary Review Committee, who shall review the matter immediately by telephone or other expedited notice and hearing procedure. Following such notice and opportunity by the individual to be heard, if the Disciplinary Review Committee determines that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to sixty (60) days pending a full hearing under the procedures outlined in Section VI.

IX. RELEASE OF INFORMATION

- A. All candidate applications, forms, and information are the property of JCAHPO.
- B. JCAHPO is not required to return, provide, or permit access to such information.
- C. By virtue of application for and/or receipt of certification, the individual applicant or certificant authorizes JCAHPO and its officers, directors, agents, employees, committees, committee members, counsel, and others to communicate any and all information relating to any JCAHPO application, certification, and review thereof including pendency or outcome of disciplinary proceedings to state and federal authorities, employers, other certifiants, training programs, and others by any means.

X. WAIVER

The individual applicant or certificant agrees that he or she releases, discharges, and exonerates JCAHPO, its officers, directors, agents, employees, committees, committee members, counsel, and others for any actions taken in good faith pursuant to JCAHPO rules, standards, and procedures from any and all liability, including but not limited to liability arising out of (i) the furnishing or inspection of documents, records, and other information, and (ii) any investigation and review of application or certification made by JCAHPO.

XI. CONSIDERATION OF ELIGIBILITY

Eligibility and/or certification is considered on the following basis:

- A. In the event of a felony or misdemeanor conviction described in Section IV, a candidate may make application upon exhaustion of appeals and the completion of sentencing (including but not limited to probation, final release from confinement, or parole [if any], whichever is later);
- B. In any other event that has rendered a decision of ineligibility or revocation, a candidate may make application no earlier than one (1) year from the final decision of ineligibility or revocation.

In addition to other facts required by JCAHPO, such an individual must fully set forth the circumstances of the decision denying eligibility or revoking certification, information concerning all convictions, sentences received, and conditions of probation and parole, as well as all relevant facts and circumstances since the decision relevant to the application. The individual bears the burden of demonstrating by clear and convincing evidence that the individual has been rehabilitated and poses no danger to others.

RETAIN THIS DOCUMENT FOR YOUR FILES.



2025 Woodlane Drive
St. Paul, MN 55125-2998
(651) 731-2944 ♦ (800) 284-3937 ♦ FAX: (651) 731-0410
E-mail: jcahpo@jcahpo.org